CHEMIST& DRUGSS

the newsweekly for pharmacy

November 12, 1988



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The liver — new clinical series

OFT extension for Unichem



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Published Saturdays by Benn Tonbridge, Kent TN9 1RW
Telephone: 0732 364422
Telcx: 95132 Benton G Benn

Facsimile: 0732 361534 Subscriptions: Home £70 per annum Overseas & Eire £87 per annum including postage. £1.45 per copy

ABC

(postage extra). Member of the Audit Bureau of Circulations

BBP Member — British
Business Press

Regional advertisement offices: Midlands: 240-244 Stratford Road, Shirley, Solihull, W. Midlands B90 3AE 021-744 4427. North East and North West: Graeme House, Chorlton Place, Wilbraham Road Manchester M21 1AQ. 061-881 0112 West Country & South Wales: 10 Badminton Road, Downend, Bristol BS16 6BQ 0272 564827.

NOVEMBER 12. 1988

VOLUME 230 NO 5650

ISSN 0009-3033

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his week needle exchange schemes are in the news (p828) following Ian Mullen's presentation to an allparty parliamentary group on AIDS. The chairman of the Pharmaceutical General Council, giving his personal views, told MPs that the consequences of a needle stick injury could be "catastrophic" and said pharmacies were "highly inappropriate centres for receiving contaminated equipment from addicts''.

The Government has recently issued a health circular endorsing the role pharmacists can play in selling needles and syringes. By stimulating such action "in the interests of public health" the Government minimises the health risk to the man in the street but multiplies the danger to pharmacists, their staff, and to some extent, their customers, of contracting AIDS or hepatitis B.

The decision for pharmacists is both personal and professional. As the RPSGB Scottish Department secretary Dr Gordon Jefferson says in a letter to The Scotsman in response to an article reporting Mr Mullen's views, involvement in such a scheme does not imply pharmacists are condoning drug abuse. Nonetheless, some

pharmacists might feel it does and choose not to participate in sale or collection. But in the present expanded role climate, politically, can pharmacists afford to turn down such a public health task? But what of the risks? What about liability and insurance cover in case of an accident?

The National Pharmaceutical Association is shortly to issue guidance to members on sharps disposal and, according to director Tim Astill, will not seek to discourage members from involvement. Doubtless it will be advising members to minimise the risks within the pharmacy by taking appropriate measures, thus reducing legal liability. In any case, participating NPA members should be insured against any claims.

Nevertheless, the choice pharmacists have to make is emotive and difficult. Providing disposal points are well publicised, relatively few would be needed countrywide to cater for addicts. However, Mr Astill points out that in high risk areas it may well be safer for pharmacists to provide a sharps disposal service rather than face an addict with a contaminated needle and have no disposal point. Here, "being at the sharp end", has implications all of its own!

Mullen opposes needle exchange schemes

Pharmaceutical General Council chairman Ian Mullen believes the public are at risk from needle exchange schemes in pharmacies. The Government is promoting such schemes to prevent the spread of AIDS.

He told the all party parliamentary group on AIDS at a meeting in the House of Commons last Thursday that the consequences of a needle-stick injury could be catastrophic, and urged the Government to consider as an alternative mobile clinics exclusively for addicts, such as operate in Amsterdam.

The spread of the HIV virus has constituted a serious risk in Scotland. Over 50 per cent of positive blood tests for the HIV virus were from intravenous drug misusers, compared with 7 per cent nationally.

In 1986 the Government announced its intention to establish a number of pilot schemes to provide facilities for the exchange of used injecting equipment. These schemes have had very limited success. The Dundee schemed closed: the scheme in Glasgow encountered local opposition and the scheme in Edinburgh did not find favour with addicts, partly because of their concern over police surveillance.

In June the Scottish Home and Health Department issued a circular concerning the sale of equipment bv injecting pharmacists. The circular formally asked health boards to establish the need for the sale of injecting equipment to drug misusers on a voluntary basis and as a commercial transaction. This circular also contained a statement by the Lord Advocate that he would not authorise prosecution of any pharmacist in respect of such a sale provided the pharmacist

acted in accordance with set

procedures.

"The PGC advises contractors that participation is voluntary and not part of the contract," Mr Mullen said. "They should check with their insurers that they are covered in the event of accidents. The responsibility for arranging disposal of contaminated material rests with the health board."

In 1986 the PGC decided that although the supply of needles should be left to the discretion of the pharmacist it was not in favour of any exchange scheme. This policy was reaffirmed in April after the Health Minister's statement that talks would be held with the profession in Scotland.

'There have been no consultations with the PGC on this issue. The position has been further complicated by the announcement that needles and syringes will be supplied free from GPs' surgeries,'' said Mr Mullen. "This together with the statement in the SHHD circular that the disposal of contaminated material may be funded from the profits made on the sale of needles and syringes, has annoyed many contractors who feel they are being portrayed as making a profit from the misery of addicts, and who also feel that if they are to be involved in the supply of needles and syringes it should be a free supply as is proposed for GPs.

Mr Mullen said he appreciated pharmacies are well distributed in urban areas and offer relatively anonymous, informal centres where addicts can go. "But I feel strongly that they are highly inappropriate centres for receiving contaminated equipment from addicts when so many pharmacies have a high proportion of children and elderly

people as customers

Another possible option would be to issue addicts with a sharps disposal box, either through pharmacies or GPs' surgeries, to keep at home and dispose of safely through normal household refuse.

Concern about involvement in exchange schemes, and insurance liability has also been concerning the National Pharmaceutical Association. "We are certainly not seeking to discourage pharmacists from getting involved but if they are going to be inviting sharps into their pharmacies then they should consider all the risks," says director Tim Astill.

The NPA is planning to issue guidance shortly which will cover the insurance position and suggests that pharmacists contemplating such services should consider vaccination against hepatitis B.

Mr Astill also said that pharmacists might like to consider whether ''if needle exchange or disposal services'' are offered in their area, it may be safer for them to provide sharps bins for disposal rather than risk addicts appearing with dirty equipment looking for a means to dispose of it, and being told that disposal isn't available.

Gordon Jefferson, secretary to the Scottish Department of the Society, responding to an article in *The Scotsman*, says: "We believe that there are Scottish pharmacists who, while in no way condoning drug abuse, wish to play their part in the vital fight to prevent the spread of AIDS through an involvement in the supply of clean injecting equipment. It should also be pointed out that only a relatively small percentage of pharmacists in Scotland would be required to participate in order to provide the service required.

Comments on OPD plans invited

The Department of Health is inviting comments on proposals to introduce a manufacturers' voluntary code of practice on original pack dispensing.

For short courses of treatment, the proposed pack sizes would be linked to a standard course of treatment for the individual medicine. For longer courses, two pack sizes are recommended: one to provide 28 days' supply for use when the doctor is prescribing in accordance with the manufacturer's recommended daily dose, and one containing 28 tablets to allow doctors flexibility in prescribing and for use when there is no manufacturer's recommended daily dose.

To promote generic prescribing, the Department is proposing that original pack dispensing should be introduced for generic medicines as well as brand name products, and that generic medicines would be reimbursed at a higher price if they are dispensed in OPs.

Comments are invited, by the end of January 1989 from interested parties.

It would be for the industry to decide when to pack their products in this way and it is expected they will do so as they introduce new products and packaging systems. The industry may choose to continue bulk supply to hospitals in some cases.

Doctors and dentists would be encouraged to prescribe in quantities which would enable the pharmacist to fulfil the prescription precisely by dispensing unopened original packs. Pharmacists would be expected to dispense the nearest possible quantity to that prescribed, using either standard packs or multiples of 28 packs or a combination of the two, and would be reimbursed on that basis.



'Have those jet lag tablets come in yet?

Codeine linctus recall by Rusco

Contract manufacturers Rusco Pharmaceuticals are recalling batches BD092 and BD093 of codeine linctus BP, both of which are packed in 200ml bottles. The company has received a report that a few bottles have been found to contain surgical spirit.

Batch BD092 carries Family Health, Sigma Pharmaceuticals or

Rusco Pharmaceuticals labels. Batch BD093 carries Family Health, Nucross or Colorama Pharmaceuticals labels. Both batches are expiry dated "Apr 91"

Pharmacists holding stocks of these batches should return them immediately to suppliers for credit.

More delay on pay for home visits

Payments to pharmacists carrying out residential home visits and keeping patient medication records will be made in the current financial year, but not before the end of January 1989 at the earliest, PSNC chairman David Sharpe indicated this week. The reason for the delay is said to be internal discussions at the Department of Health taking longer than anticipated.

☐ PSNC is seeking a 7.5 per cent increase in oxygen delivery fees, urgent fees and rota payments for the post year.

the next year.

Talks between the Royal Pharmaceutical Society and the PSNC are to take place over the minimum suitable size for consultation areas in pharmacies. The need to define such areas has arisen following a letter to the Minister of Health about the introduction of the uniform business rate, and the resulting revaluation of property costs.

☐ A questionnaire relating to the proprietor's notional salary is shortly to be sent out to a representative sample of pharmacies. This is the result of a recommendation by the Pharmacy Review Panel that a more systematic method of calculating the notional salary is required.

☐ PSNC has laid down certain criteria it would like to see adopted before nurse prescribing is permitted. There should be appropriate additional training, prescribing should be from a specified formulary, and a special FP(10) form should be used. The person ultimately responsible for a nurse prescribing should be a

medical practitioner.

"'A very attractive toy for small children' is how PSNC chairman David Sharpe describes the child resistant container for the new NSAID from Roche, Mobiflex. PSNC is concerned that the container, which has a transparent top and a pump dispensing action similar to packs used for artificial sweeteners, will be easy for small children to "use" and has written to the

company accordingly.

PSNC is spending £50,000 over the next two years on computer installations at the National Prescription Research Centre at Southgate. This will allow replication of the Prescription Pricing Authority's pricing program and allow PSNC to continue checking a random 1.5

per cent of all scripts priced.

Pharmacists approached by market researchers seeking

information on their purchasing habits of parallel imports should not respond, says PSNC. Taylor Nelson have questioned those on their pharmacy panel and a study by BJM has been commissioned by Unichem. Only agreed inquiries between the Department of Health and the PSNC should be undertaken which may affect remuneration, say PSNC. Pharmacists should not get involved otherwise.

☐ A study on the payment of fees related to period of treatment has just been completed which shows that 10.62 per cent of *all* scripts qualify for the extra fee (the fee is only payable on scripts for solid dose preparations).

☐ A claim is to be made to the Department of Health for dead stock (principally compression hosiery) arising from changes to the Drug Tariff.

the Drug Tariff.

PSNC chairman David Sharpe has made his annual plea to the Department of Health that remuneration negotiations should take place promptly early in the New Year so that the Committee is able to discuss the Department's proposals and make a meaningful report to the LPC conference in February.

No need for 'pill' change

TO SHOULD AND THE PARTY OF

There is no need for women to change from contraceptives containing levonorgesterol, says the Family Planning Association.

The Sunday Times said this week that doctors are to be urged to switch women from contraceptives containing the hormone. The newspaper claims research carried out by Professor Wynn at the Cavendish Clinic in London shows that these women are at "significantly greater risk" of developing cardiovascular disease than those on "pills" without the hormone.

A spokesperson for the FPA said: "There is no need for women to change if they don't wish to." Professor Wynn's research shows that "pills" containing levonorgesterol reduce levels of high density lipoprotein, believed to protect against cardiovascular disease. The changes are within normal ranges,

says the FPA.

Joint PSNC dinner LPC conference for Feb 13

The postponed PSNC dinner has been rescheduled for February 13, 1989, and will be preceded by an LPC conference.

PSNC chairman David Sharpe says he appreciates the conference will be on a Monday rather than the usual Sunday, but the Committee had come to the conclusion that the cost of keeping delegates in London for two nights was outweighed by the advantages of combining the two events.

All those attending the conference will be able to go on to the dinner but LPCs are reminded they are responsible for the costs of delegates attending that function. PSNC will reimburse travelling expenses as normal.

The deadline for submission of conference motions is December 31 — 23 have been sent in so far. The conference agenda along with the working party report on the PSNC constitution will be sent to LPCs next week.

Doctor dispensing survey sent to OFT

The broad results of a survey into rural dispensing and some writings of Dispensing Doctors Association chairman David Roberts have been submitted to the Office of Fair Trading.

Retired pharmacist Keith Jenkins says that he has submitted the results of his latest survey with Professor David Marsland of Brunel University, assistant director of the Social Affairs Unit of the Institute of Economic Affairs, which relates in part to doctor dispensing. "In studying costs of these services to the taxpayer, two factors of influence are over-prescribing by doctors in all districts and a lack of accountability for both prescribing and dispensing by rural doctors. These together are estimated at

£200m, "Mr Jenkins says.

The submission to the OFT includes a suggestion that the uncovenanted profits from rural dispensing may greatly exceed the covenanted profits — and that attempts to increase these profits still further are being encouraged by the Dispensing Doctors

Association and the journal *Medeconomics*.

Mr Jenkins draws attention to DDA chairman Dr David Roberts' published list of recommendations "encouraging dispensing doctors to prejudice applications by pharmacists for outline consent."

Says Mr Jenkins: "The methods described include canvassing patients, local parochial organisations and community health councils, with recommendations after pharmacies have been granted permission to acquire premises for other purposes, or to register them as pharmacies with the Pharmaceutical Society before finding a suitable superintendent pharmacist."

A spokeswoman for the OFT said they had received Mr Jenkins letter and would reply, but at first sight the contents appeared outside the OFT's remit and more the province of the Department of Health.

Mr Jenkins said the survey would be published soon by the Rural Pharmacists Association.

EC quality...

Edwina Currie, Junior Health Minister, gave her assurance on Tuesday that the quality of medicinal products would not fall when the single European market becomes effective in 1992.

She was satisfied that the pharmaceutical directives coming into effect would maintain the high standards of UK medicinal products throughout the Community. The aim was to raise standards in other EEC countries so that products licensed there and imported into the UK would be of the UK's high quality.

Mrs Currie was speaking to MPs at a meeting of the First Standing Committee on European Community Documents, which approved EEC document 4171/88 on the extension of pharmaceutical directives to medicinal products not yet covered.

The Commons approved a motion on Wednesday noting the existence of EEC Pharmaceutical Directives and endorsing the view that this was a necessary step in the completion of the internal market.

The use of the word "chemist" in connection with a pharmacy is under threat. A Private Members Bill, the Consumer Protection (Registration of Professional Chemists) Bill, presented by Dr Michael Clark, an advisor to the Royal Society of Chemistry, seeks to distinguish professional qualified chemists from, among others, pharmacists.

Guild to ballot on new grade structure

The Guild of Hospital Pharmacists is to ballot its members on a proposed new grading structure for the managed service.

Mark Control of the C

After more than seven months of negotiation, a new eight point grading structure was finally agreed by both sides of the grading working party at a meeting on November 1.

To avoid the calling of a full Pharmaceutical Whitley Council meeting, it was adopted as a formal management side

proposal.

The new structure, for which full details will be released next week, is one which has been the subject of negotiation for some time. Grades A to H — A and B are the training and junior grades of earlier proposals — cover all pharmacists in the hospital service and, says staff side chairman Bob Timson, ''specialists should be able to progress right through the

structure"

He sees two career ladders — for management and specialists — with a chance for movement between the two. As well as providing a better career, the new structure should also break the current promotion blockage at staff grade.

Ballot papers will be issued by November 14, to be returned by December 5. A joint Pharmaceutical Whitley Council Meeting is scheduled for

December 6.

"If there is a 'yes' vote, then we are expecting an offer of money on the new structure at that meeting," says Mr Timson.

He says that the management side would have preferred a ballot on a "structure with cash" deal. It was an approach the staff side team resisted. "We had given a commitment to members that there would be two ballots — one

on the structure and another on any money offer — and, anyway, if there was a 'no', we wouldn't be able to tell if it was a rejection of the structure or the money."

The second ballot on any pay offer will follow as quickly as possible; Mr Timson says he has not forgotten that the last 3.1 per cent of the 1987-88 pay round is dependent on the agreement of both parts of a new structure deal

And with a reported £2½bn extra for the Department of Health this year, is Mr Timson hopeful about a decent settlement for hospital pharmacists? "It would be nice to think there is a slice of that for hospital pharmacists. Funding is a crucial factor. I wouldn't like to see no central funding like the speech therapists' new structure, or not enough as in the case of the nurses."

Drug burglar's AIDS threat

An AIDS carrier, who was caught after burgling a chemist, bit his lip until it bled and threatened police with the virus, Highbury Court

heard on Monday.

Michael Mitchell, 29, unemployed, Manor Park, London, was sentenced to six months in prison after he admitted burgling the Rose Chemist in St. Pauls Road, Islington on March 28, where he tried to steal drugs; assaulting PC Alistair Livingstone in Holloway police station on the same date; and failing to surrender to court on June 3.

Crown prosecutor Mr John Woollard said police had caught Mitchell after he ran away from the chemists. At the police station he threatened the officers with the

blood.

Mitchell was sentenced to three months for burglary, two months for assault and one month for the breach of bail to run consecutively.

Grocer fined

for POM sale

A Highbury magistrate recently

told a grocer who sold Betnovate-

and Dermovate as skin

£10 for eye tests soon?

The Government secured a majority of 50 in the House of Lords on Tuesday to crush a last attempt to keep free eye tests.

Loyalist Tory backwoodsmen who are seldom seen at Westminster responded to a call from Lord Denham, the Government chief whip, and an attempt to remove the provision authorising charges from the Health and Medicines Bill was defeated by 257 votes to 207.

Ministers now have to decide whether the charges for eye checks — expected to range between \$10-15 — should be introduced before Christmas.

An amendment to exempt pensioners was defeated.

Free OAP scripts under threat?

Proposals discussed by Mr Nigel Lawson, the Chancellor of the Exchequer, suggests Britains' retired pensioners — about 10 million people — may in the future lose their automatic entitlement to

free prescriptions.

The Chancellor has been at the centre of a political storm since an unattributable briefing he gave to political journalists led to the disclosure of his belief that the growth in expenditure on the provision of universal social security benefits needs to be contained by the wider use of means tests.

Under challenge in the Commons he claimed that his remarks had been misinterpreted — a charge strongly denied by the journalists concerned.

Mr Lawson has not disputed saying "only a small minority of pensioners have difficulty in making ends meet".

Mrs Edwina Currie said the cost of providing free prescriptions in 1987-88 was over \$500m. During that year 264m scripts were dispensed free of charge by pharmacists and of these 40m went to people who either claimed help on low income grounds or were receiving family income supplement.

lightening creams that he should not be running a shop. The court heard that Tassdag Hussein kept on display in his shop Paks, of Stroud Green Road, various prescription only steroid creams that, as side effects, can cause permanent stretching and

thinning of the skin, as well as a lightening of the pigment. The creams are sold in great quantities abroad, especially Nigeria, as beauty creams.

Mr Hussein admitted selling Betnovate-N and Dermovate to Royal Pharmaceutical Society inspector Timothy Staton on

December 31, 1986.

Ms Katrina Wingfield, prosecuting for the Society, said Mr Hussein told police officers he got the cream from 'ladies from Nigeria from the airport'. He also claimed he did not know they were dangerous or illegal. Officers confiscated from the shop four additional types of cream — nearly 100 tubes in all.

Mr Matthew Jackson, defending, said Mr Hussein ''had been horrified to find they were dangerous'' and no longer sold them at his shop.

Mr Hussein was fined £1,000 on each of the two charges of illegal supply, and ordered to pay £500 costs.

GSL additions

Folic acid in a maximum daily dose of 200 micrograms is in a new list of mainly plant origin products proposed for General Sale List status by the Department of Health. The amendments, are to be brought in early next year under the Medicines (Products other than Veterinary Drugs) (General Sale List) Order 1984. The proposed amendments are: (i) New entries to be added (ingredients in products recently licensed with GSL status)

Schedule 1 Table A (internal) agropyron (triticum)**; asafetida*; aveana (oats); biotin*; dandelion root*; edible bone flour (bonemeal)*; folic acid (200micrograms MDD)*; garlic; ground ivy*; hops (lupulus)*; horehound, white*; magnesium oxide, heavy*; menyanthes (bogbean, buckbean)*; methyl cellulose*; pectin; prickly ash bark (zanthoxylum clavaherculis)*; soya oil*; starch*; tolu balsam*; Table B (externals); ismuth subgallate*; calcium alginate; ichthammol*; iodoform; maximum

strength 10 per cent in paints, 50 per cent in pastes*; kaolin, heavy*; padimate O; proflavine hemisulphate*; soft soap* and wool alcohols*

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** Listed in Schedule 2 as couchgrass Also proposed for inclusion in Schedule 1, Table A are berberis for use as a bitter or stomachic (maximum berbetine content per dose 0.5mg) and turpentine oil for vapour inhalation and for external use. It is also proposed that benzoin tincture, compound BP should be GSL for external use and for internal use by vapour inhalation.

The Department of Health also plans to amend the entry for benzalkonium chloride in Schedule 1A to read 600 micrograms as the maximum strength for internal use.

Danthron will be deleted from Schedule 2A following CSM advice and listed in the POM Order.

Any comments on the proposals should be addressed, before December 31, to Mr H.D. Jones, Room 1324, Department of Health, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

New contract guidelines coming soon

New guidelines on the working of the new contract, especially those sections concerned with minor relocations, are likely to be issued to pharmacy practice subcommittees before Christmas.

It was made clear to PSNC officials at a meeting with the Department of Health last week that the Minister is intent on revising the guidelines to deal with problems which have arisen. PPSC tribunals and appeal panels are to be encouraged to follow the "rules of natural justice", it is understood. The DoH has made it clear that it will not provide legal advice and representation for family practitioner committees.

The Minister said recently in the Commons that the Government has no plans for changing the arrangements introduced last year.

Smith goes as 'new era' dawns

Agreement has been reached between the Pharmaceutical Services Negotiating Committee and its erstwhile chief executive Alan Smith over the terms of his leaving the organisation.

The following statement has been jointly agreed by both parties: "The PSNC announces that following the successful conclusion of the last round of negotiations with the Department of Health, Mr A.J. Smith, chief executive of 12 years standing, has now left the organisation with effect from September 30, 1988. The recent new contract with the Department heralds a new era in community pharmacy and Mr Smith regards this as a fitting time to move on and seek new challenges. The Committee would like to thank him for his many years of service and wish him every success in his new ventures.

New PL(PI)s: The following additional PL(PI) has been notified to C&D: Whitworth Pharmaceuticals

PL4423/0165 Cicatrene 15g cream Neomycin sulphate BP 3.300iu, zinc bacitracin BP 250iu, Lcysteine 2mg, glycine 10mg, DI-threonine

TOPICAL REFLECTIONS

If it's worthwhile

At a recent computer show I was greatly taken by a pharmacist who offers a number of services — delivery of medicines to the home of customers who can't easily get to the shops, blood pressure monitoring, and testing for diabetes and pregnancy. Apart from the deliveries, he charges for the services.

He was looking for a machine with 40 mega byte memory to start up a patient record system complete

with interaction warnings. He didn't think this should be a free service since it was going to cost him about £1,200 plus to set it up. He proposed advertising with a once-only acceptance fee, say £5-£10, to commit the patient to the concept, so it would have some real meaning for those who wanted to join. I thought the idea had a lot of merit, but by the same logic surely there should be a delivery charge?

Uni-chemistry

Say "ahhh"... or should it be "AAH!" It seems possible some members might well be pondering Oliver Hardy's great line... "Fine mess you got me into!" If the AAH proceedings against Unichem are successful, the ultimate Unichem share value must drop, and presumably questions would be raised about new members' right to anything, since, they could be said to have been enticed by reasons which have little to do with accepted terms of normal trading incentives.

Oops...

It is not unknown for me to drop clangers. The usual reason is ignorance, although I get a lot of advice, most of it truly welcomed, from you out there. I felt a bit sorry for Ashwin Tanna, therefore, when I read his extraordinary deductions about



the way PSNC operates. Wrong, as a number of eminent pharmacists noted on the letters page last week. David Sharpe, in making a most ungracious comment on Alan Smith's departure from PSNC, as his preamble to a clear statement of constitution of PSNC. shows he too can drop clangers. Whatever the reasons for Mr Smith's departure, it disappointing to see one of our most eminent men saying, in effect "He won't be missed'', when after 12 years as PSNC's chief executive we know of his

contribution. Impolitic...and a pity.

Hoppy-ing mad!

Dr Hopkin Maddock was most disconcerted at my comments on his proposals for the training of technicians. While I'm not all that naive, I grant I was a bit short. I know the European scene fairly well, but think it timely to point out these countries have restricted ownership, which gives a different emphasis. I also believe we should try to attract assistants with higher academic status, but the reality is not so simple.

I still object to setting up elaborate schedules of who does what, simply because we judge this daily and cannot afford to be wrong. If we get staff with good intelligence, we encourage them to take courses and watch their development with pleasure. But it seems Dr Maddock is proposing his state of bliss, to be achieved some time hence, as a reason for allowing a relaxation of supervision now. It doesn't follow. I even support the thrust of what he dreams, but have to ask, gently this time, would be please let us know where the finance is to come from? He was right to criticise my loose comments on educational standards, but I am desperate for staff. It isn't my wages, merely competition for quality staff making life difficult.

Fried, grilled or braised?

THE LIVER. Part 1: Structure and function

With community pharmacists in mind, the way the body's largest solid organ works and how it can be affected by drugs is considered by Kathy Wallis, staff pharmacist (clinical services), Charing Cross Hospital and Annie Weatherill, staff pharmacist (clinical services), Central Middlesex Hospital. Both are tutors on the North West Thames regional clinical pharmacy training scheme.

The liver is the largest solid organ in the body carrying out a wide variety of functions, including detoxification of foreign substances and metabolism of drugs. Since drugs can have a profound effect on these functions and may also cause hepatotoxicity, it is important for pharmacists to be familiar with the liver and the effects drugs and disease can have on it.

In this article the structure and function of the liver is discussed, looking in particular at how drugs alter liver activity. Part 2 will concentrate on common liver diseases, consequent altered function, and treatment.

STRUCTURE

The liver is divided into a left and right lobe, the right lobe being six times bigger than the left lobe. Blood reaches the liver from two systems: the main flow is from the intestinal tract via the portal vein; a smaller amount comes from the abdominal aorta via the hepatic artery.

Liver cells are arranged in groups as lobules and are positioned in rows representing the spokes of a wheel (see diagram). The blood passes into sinusoids (the gap between the liver cells) and then into a central vein (a tributary of the hepatic vein). From here the blood flows into the inferior vena cava and the right of the heart. There is no capillary wall between the liver cells and the blood in the sinusoids, hence substances pass easily from the blood. The bile pigments pass through the cells to the bile duct.

FUNCTION

Each hepatocyte contains mitochondria and endoplasmic reticulum which perform many complex metabolic functions. These functions may be categorised as: 1 metabolism, 2 synthesis and 3 storage (see table 1). The most relevant functions for community pharmacists are discussed below.

1 METABOLISM

Drug metabolism The majority of drugs are lipid soluble, weak acids or weak bases and cannot readily be excreted from the body. They must therefore be converted into more polar, less lipid soluble molecules which can be excreted via glomerular filtration in the urine or by biliary secretion in the faeces.

Several enzymes are responsible for drug metabolism in other parts of the body (eg monoamine oxidase, dopa-decarboxylase) but most occurs in the liver. Drug metabolism can be divided into two categories:

Phase I reactions drug polarity is increased by oxidation, reduction or hydrolysis;

Phase II reactions a molecule is added to the

Table 1 Liver functions

Metabolism	Synthesis	Storage	
1 Food — breakdown of protein, carbohydrate, fat → glucose & amino acids — amino acid breakdown → urea & ammonia — galactose → glucose — metabolism of alcohol	1 Blood — plasma proteins — clotting factors (except factor VIII) — carrier proteins	1 Glucose as glycogen	
2 Foreign substances — deactivation of drugs, toxins — activation of drugs, vitamin D	2 Membrane — lipoproteins — cholesterol — phospholipids	2 Vitamins — fat soluble vitamins A & D — B12 — folate	
3 Endogenous hormones	3 Bile	3 Minerals — zinc — copper — iron	

drug to increase its polarity.

Any disturbance in these mechanisms may alter the efficacy or toxicity of a drug and this will be discussed later.

The liver enzymes responsible for drug metabolism are either microsomal or non-microsomal. The microsomal enzymes ("mixed function oxidases") including the cytochrome 450 system are responsible for most Phase I reactions. The ability of these enzymes to metabolise drugs can be increased (induction) or decreased (inhibition).

First-pass metabolism is that which occurs between the site of administration and the site of action of a drug. Drugs which are given orally must pass through the portal vein to the liver before entering the general circulation. If metabolism is extensive during the first pass through the liver, then only a small proportion of the drug will remain active. This may be overcome by using an alternative route of administration, for example lower doses of glyceryl trinitrate can be given sublingually than orally (see table 2).

Table 2 Extent of drug metabolism

Those drugs that are only slightly, if at all, metabolised on this first visit to the liver are more dependent on changes in enzyme activity than the route of administration (see table 2).

Some pro-drugs require metabolism to become pharmacologically active (eg enalapril) and were designed to overcome toxicity (fenbufen, etodolac, sulindac are said to cause less gastro-intestinal disturbance than other NSAID's) or to mask an unpleasant taste (eg chloramphenicol palmitate). Several drugs are extensively metabolised and have pharmacologically active metabolites (eg carbamazepine, primidone, diazepam and sulindac) which are partly responsible for the clinical effect. Active metabolites may also be responsible for the side effect profile of the parent drug (eg toxic intermediates in paracetamol overdosage causing liver hangover effect damage: benzodiazepines)

Alcohol metabolism Alcohol is metabolised in the liver, chiefly by alcohol dehydrogenase and by

Extent	Examples Amitriptyline GTN Propranolol Verapamil	
Extensive metabolism (ie large first pass effect)		
Slight metabolism (clearance dependent on change in enzyme activity)	Barbiturates Chlorpromazine Paracetamol Phenytoin Theophylline	

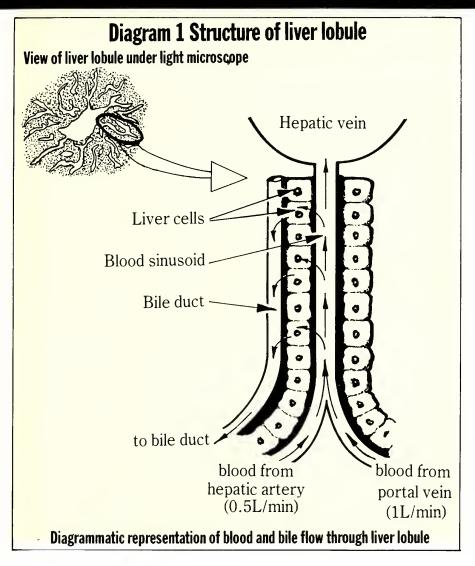


Table 3 Enzyme inducers and inhibitors

Enzyme inducers Barbiturates Carbamazepine Alcohol (chronic) Phenytoin Rifampicin Smoking

Enzyme inhibitors

Amiodarone Cimetidine Ciprofloxacin Alcohol (acute) Erythromycin Metronidazole Sulphonamides . Verapamil

microsomal ethanol oxidation, producing firstly acetaldehyde and then acetyl coenzyme A which is used by the liver instead of fat to produce heat and energy. In the case of high alcohol intake the unused fat accumulation gives rise to a ''fatty liver'' which is often the first sign of chronic liver damage (this will be discussed in more detail in part 2).

Alcohol and acetaldehyde are both toxic to liver cells and may alter liver function. They also induce the microsomal enzymes. These actions will lead to altered drug handling.

2 SYNTHESIS

Bile production Bile is a solution containing bile acids, pigments, phospholipids, cholesterol and electrolytes. Over 500ml can be produced by a healthy liver each day. The bile acids act as emulsifiers in the duodenum and aid fat digestion and absorption before they are actively reabsorbed.

Impaired secretion of bile (known as cholestasis) will lead to retention of bile acids and bilirubin which are deposited in the skir, leading to the characteristic itching and yellow colouration of the skin (jaundice) in these patients. It will also lead to an increased halflife of drugs excreted in the bile. This will be discussed in the next article. Reduced bile acid secretion in cholestasis may also lead to impaired absorption of fat soluble drugs (eg griseofulvin) and vitamins A, D and K.

Protein synthesis The majority of plasma proteins (eg albumin) are produced in the liver with the exception of Factor VIII and the immunoglobulins. Clotting factors such as fibrinogen and prothrombin are synthesised here, as are proteins necessary for cell membrane production (eg phospholipids, lipoproteins and cholesterol). Therefore severe liver damage may result in a reduction in all protein synthesis. A reduced concentration of plasma protein can reduce drug binding and may lead to an increased incidence of toxicity. Lack of clotting factors will lead to increased bleeding times, increasing the risk of gastrointestinal haemorrhage, eg due to anti-inflammatory drugs.

ENZYME INDUCTION AND INHIBITION

Enzyme induction (increase in enzyme activity) and enzyme inhibition (a decrease in enzyme activity) will affect drugs that are only slightly metabolised on first pass through the liver (see table 2) and are an important source of significant drug interactions.

Enzyme induction Stimulation of drug metabolising enzymes by drugs binding to intracellular receptors causes enzyme induction. This is a dose-related effect. Smoking, chronic alcohol intake and high protein diets can also cause this.

Enzyme induction will increase the rate of metabolism and therefore decrease the plasma level for any affected drug. This is only significant for those drugs with a narrow therapeutic range (see table 3) and an increased dose will probably be required if an enzyme inducer is introduced.

Since the mechanism of induction is enzyme synthesis the maximum effect may not be seen for up to two weeks. When the enzyme inducer is stopped or the dose is decreased enzyme levels also decrease and may necessitate a reduction in the dose of remaining metabolised drugs to avoid toxicity. **Enzyme inhibition** Inhibition occurs when a drug reduces the rate of metabolism of another drug due to competition at binding sites of the metabolising enzymes. Enzyme inhibition may also be seen with acute viral illness, alcohol binges and malnutrition. Again, inhibition is dose-dependent and it is the drugs with low first-pass metabolism and a narrow therapeutic range that are affected (see table 3). If an enzyme inhibitor must be used, the dose of other drugs may have to be reduced to avoid toxicity

As enzyme inhibition is a direct effect the time course of events is quicker than with induction. Withdrawal of the inhibitor increases metabolism of the affected drug and there may be a loss of efficacy unless the dose is increased.

continued on \$837

Table 4 Pre-disposing factors to drug-induced hepatic disease

Genetic factors Abnormal cytochrome P450 and other enzymes HLA phenotype

Environmental factors

Age (>50 yrs, newborn) Malnutrition Females>males Alcoholism Drug abuse Liver disease Race (Orientals/Asians) Hepatic enzyme inducers (see table 3) Obesity Renal disease

Calpol prescribing information

Presentation: Each 5ml of Calpol Infant Suspension and Sugar-Free Calpol Infant Suspension contains 120 mg Paracetamol BP. Calpol Six Plus Suspension contains 250mg Paracetamol BP in each 5ml.

Uses: For the relief of pain (including teething pain) and feverishness.

Dosage and administration: Calpol Infant Suspension and Sugar-Free Calpol Infant Suspension: Children 3-12 months: 2.5-5 ml four times daily; Children 1-6 years: 5-10ml four times daily. Dosage for children under 3 months: At

physician's discretion. Calpol Six Plus Suspension: Children 3 months to 6 years: Calpol Infar Suspension is recommended; 6 to 12 years: 5-10ml four times daily; Adul. and children over 12 years: 10-20ml four times daily.

In all cases: Not more than 4 doses should be administered in any 24-hot period. Do not repeat doses more frequently than 4-hourly.

Contra-indications: None known.

Precautions: To be used with caution in the presence of renal or hepat

Without sugar, how do v





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Because all our years of experience have told us that if it doesn't taste good, children won't tal it. And then how can it work?

But work it does. Sugar-Free Calpol Infant Suspe sion is the latest addition to the Calpol range - truste over the years by more mothers than any other brar

THE WELLCOME FOUNDATION LTD unction.

- and adverse effects: Side-effects are rare in therapeutic doses. Reports dverse reactions are rare and are generally associated with overdosage ated cases of thrombocytopenic purpura, haemolytic anaemia and nulocytosis have been recorded.

hrotoxic effects are uncommon and have not been reported in association therapeutic doses except after prolonged administration. Overdosage may be hepatic necrosis.

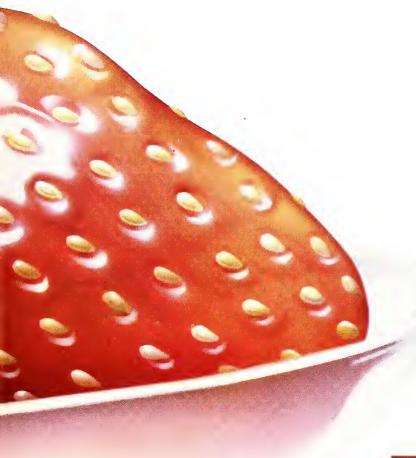
Cost to pharmacy:

Calpol Infant Suspension: 70ml £0.58, 140ml £1.04, 1 litre £7.98. Sugar-Free Calpol Infant Suspension: 140ml £1.04. Calpol Six Plus Suspension: 100ml £1.03. Further information is available on request.



The Wellcome Foundation Ltd, Crewe, Cheshire

make it taste so good?



We haven't changed the strawberry flavour. All 've added is another option for mothers who prefer use a sugar-free analgesic.

It seemed the natural thing to do.



Calpol*



CLINICAL PHARMACY

Table 5 Dose-dependent hepatotoxicity

Drug	Type of liver damage	Dose	Comments
Paracetamol	Acute centrilobar hepatocellular necrosis. If severe → fulminant hepatic failure	>15g	Drugs which increase glutathione levels therefore decrease level of toxic metabolite: N-acetylcysteine (IV) Methionine (ORAL) Only effective if given within 15hrs of overdose. Best 8hrs after OD
Salicylates	Focal hepatocellular necrosis	>2.4g /day	Quick resolution upon withdrawal of drug
Tetracycline	Central and mid-zonal necrosis. ''fatty liver''	Oral >2g/day; IV >1g /day	Avoid by keeping below max. dose
Azathioprine	Hepatitis, (especially if liver already diseased)	>100mg /day	
Methotrexate (MTX)	50% patients receiving MTX for psoriasis — hepatic fibrosis — cirrhosis	daily doses	Avoid using large weekly doses. Pre-treatment liver biopsy and repeat after every 1.5-2g

'Many drugs may produce altered liver function or hepatotoxicity which may lead to clinically significant drug interactions'

Table 6 Dose independent hepatotoxicity

Drug	Type of liver damage	Comments
Isoniazid	Acute hepatocellular necrosis	Effects develop within first 3 months. Rare if <35 years old. At risk if fast acetylator
Pyrazinamide	_	Rare if keep doses <30mg/kg/day
Methyldopa	_	
Halothane	_	With repeated exposure (incidence = 0.001%) Greatest risk if female >40 yrs old, with previous exposure within 28 days
Chlorpromazine	Cholestatic hepatitis	Jaundice occurs within 2-4 weeks of treatment. Onset may be acute with fever and abdominal pain, or insiduous
Chlorpropamide Tolbutamide		{Cholestatic {jaundice
Erythromycin	_	Often starts with severe abdominal pain
Fucidic acid	Cholestasis	Interferes with hepatic bilirubin excretion. May complicate sepsis
Rifampicin		Usually transient, may persist if underlying liver disease
Synthetic oestrogens & androgens		Rare with today's decreased doses

continued from p833

EFFECTS OF DRUGS

The incidence of drug-induced hepatotoxicity is very low. The clinical signs and symptoms are varied (see table 5 and 6). As there are no characteristic features to implicate drug toxicity, diagnosis is based on the time course of events, exclusion of other causes, and withdrawal of the possible causative agent. Variation in individual hepatic microsomal enzyme activity due to genetic factors and environmental factors (see table 4) leads to individual susceptibility to drug-induced hepatotoxicity.

During the process of metabolism of hepatotoxic drugs, very unstable, chemically reactive intermediates are produced. Normally these are produced in very small amounts and are quickly detoxified. However, if the toxin exists in large enough amounts, the liver's ability to detoxify is overwhelmed and they bind to the hepatocytes causing a wide spectrum of liver damage (see tables 5 and 6. These will be further explained in part 2).

Drug-induced hepatotoxicity can be classified as either Type 1 or Type 2 reactions.

Type 1 reaction This is a predictable pharmacological effect which is dose dependent and would occur in anyone given a sufficiently large dose. Examples include

— overdose of paracetamol

— accidental intake of carbon tetrachloride Here, alternative pathways of metabolism produce the reactive intermediates in excess of the liver's capacity of detoxify (see table 5). **Type 2 reaction** This is an idiosyncratic reaction which is not predictable from the pharmacological profile of the drug and is not dose dependent. When therapeutic doses of some drugs, for example isoniazid, chlorpromazine, halothane and methyldopa, are given to susceptible patients this idiosyncratic metabolic effect is seen (see table 6).

SUMMARY

There is a wide range of effects that drugs can have on the liver which makes it an important area for pharmacists to be familiar with.

Many drugs may produce altered liver function or hepatotoxicity which may lead to clinically significant drug interactions.

The following is a checklist of points to consider when dispensing for, or counselling a patient who may potentially suffer from drugrelated liver problems, taking into account their present medication and any drugs added to their regime.

Points to remember

- Are any of the drugs prescribed:
 - hepatotoxic
 - hepatically metabolised
 - enzyme inducers
 - enzyme inhibitors
- Is your patient suffering from sideeffects from their normal medication due to recent start of an enzyme inhibitor
- Is your patient suffering from loss of effect of their medication due to recent start of an enzyme inducer

FURTHER READING

Drug handling in young and old. L. Goodyer and R. Green, *Chemist and Druggist* October 24 1987, p845-847.

British National Formulary: Prescribing in liver disease.

PTSPECIALS

Actilyse fibrinolytic for MI

Boehringer Ingelheim have launched Actilyse, the first genetically engineered thrombolytic agent to be available in the UK.

Actilyse is a recombinant DNA version of human tissue plasminogen activator which converts plasminogen to the thrombus-dissolving enzyme plasmin. Trials have shown that Actilyse dissolve clots in 65-75 per cent of patients when given within six hours of onset of symptoms, say Boehringer.

A trial of 5,000 patients with suspected myocardial infarction showed a 26 per cent reduction in mortality after one month, for patients that had received the drug in the first five hours of symptoms. Significant reduction in mortality has also been observed when rt-PA is combined with aspirin, says the company.

Actilyse is also less likely to cause bleeding at other sites because it acts preferentially on fibrin-bound plasminogen.

Manufacturer Boehringer Ingelheim Ltd, Southern Industrial Estate, Bracknell, Berkshire RG12 4YS

Description Vials containing dry powder for reconstitution of 50mg (equivalent to 29m IU) Actilyse (alteplase INN, recombinant human tissue type plasminogen activator). Specific activity of Actilyse is 580,000 lU/mg

Uses Fibrinolytic therapy of acute thrombotic caronary artery occlusion

Dosage Treatment should be initiated within six hours of the onset of chest pain. A total dose of 100mg Actilyse should be given intravenously over three hours in three divided doses: 10 per cent as an IV bolus over 1-2 minutes: 50 per cent as an infusion over one hour; and 40 per cent as an infusion over the subsequent two hours. Patients weighing less then 67 kg should receive a total dose of 1.5mg/kg under the same schedule

Side effects Generally minor. Nausea and vomiting may occur. Bleeding is usually limited to injection site, but if serious, the drug should be stopped

Contraindications History of cerebrovascular disease and uncontrolled hypertension; active peptic ulceration; prolonged or traumatic resuscitation; severe liver disease or other known contraindications to fibrinolytic therapy. See Data Sheet

Drug Interactions Prior or concomitant administration of anticoagulants may increase risk of bleeding. Heparin has been

given with Actilyse

Packs Two 50mg vials of Actilyse, two 50ml vials of water for injection, sterile transfer devices and two hanging bags (£960 trade)

Further information Anti-arrythmic therapy for bradycardia and ventricular irritability should be available when the drug is given Supply Restrictions POM

Product licence 0015/0120 **Issued** November 1988

Rondo not on FP10

Pharmacists are advised that the Salbuvent Rondo inhaler combination pack launched recently by Tillotts (C&D October 29 p748) will not be reimbursed if dispensed on FP10. The spacer device is not yet included in the Drug Tariff, say

A stronger Triludan

Triludan Forte. Each tablet contains 120mg terfenadine and the recommended dose is one tablet daily.

Trilduan Forte comes in packs of 30 tablets (£5.80 trade) and the legal category is "P". Merrell Dow Pharmaceuticals Ltd. Tel: 0784 61600.

New Platet Cleartab

Nicholas have introduced Platet 300 "Cleartab" containing 300mg aspirin in a soluble buffered, effervescent base in a calendar pack of 30 tablets (£1.03 trade).

Platet 300 is indicated to reduce the risk of myocardial infarction in patients with unstable angina, or those who have had a primary myocardial infarction and the recommended dose is 300mg

Classified "P", the product is prescribable on FP10. Nicholas Laboratories Ltd. Tel: 0753

Vitrimix KV **IV** nutrition

Vitrimix KV for intravenous nutrition. It consists of a combination pack containing a 250ml bottle of Intralipid 20 per cent and a 11 bottle partially filled with 750ml of Vamin 9 Glucose

(£19.90 trade).

The pack also contains a sterile transfer set and directions for use and is intended to be used for short periods of time and not as total parenteral nutrition, says the company. The product licence number is 0022/0067. Kabivitrum Ltd. Tel: 0895 51144.

Calcicard transfer

3M Riker will cease marketing Calcicard from November 14.

The company says the change due to its increasing commitment to research in the respiratory field. Product responsibility will be transferred to Lorex Pharmaceuticals who will continue to market diltiazem as Tildiem and orders for Calcicard will be supplied as Tildiem. 3M Riker. Tel: 0509 611611.

BRIEFS

Hexopal 500mg tablets are now available in foil packs of 500 (£19.57) and Hexopal forte in bottles of 250 tablets (£72.46, both prices trade). Sterling-Winthrop Ltd. Tel: 0483 505515.

Janssen have introduced Rapifen dilute, an injection containing alfentanil 100 mcg/ml in 5ml ampoules (10 £4.64 trade). This product replaces Rapifen paediatric which has been discontinued. Janssen Pharmaceutical Ltd. Tel: 0235

Surgam tablets are now available in the following original packs: 200mg (84 £13.77) and 300mg (56 £15.13, both prices trade). These packs will replace existing sizes when stocks are exhausted. Roussel Laboratories Ltd. Tel: 0895 834343.

A HAPPY DIWALI FROM **DISTRIBUTORS** 01-998 8833 Fax: 01-991 1152

COUNTERPONIS

Granose go bananas with soya

Granose Foods have introduced a banana flavoured soya dessert into their range of health food products.

The new dessert is made from dried banana and whole soya beans and is said to be rich in protein. It is a natural product containing no animal produce, artificial colouring or additives and has a six month shelf life says Granose.

Supplied in a 525g tetra pack, the banana dessert has a recommended retail price of £0.48 and comes in cases of 12 costing £4.32. Granose Foods Ltd. Tel: 0923 672281.

Classic fragrance

France Diffusion are introducing a new French fragrance called Mon Classique from Jacques Morabito into the UK.

Mon Classique is a blend of jasmine, tea rose, peony narcissus, marigold, hyacinth and freesia with a base of musk.

It is bottled with rose petal caps and the range consists of a flacon cristal parfum de toilette (50ml £20.50); a 100ml flacon (£30.50) a 25ml vaporisateur (£15); a 50ml vaporisateur (£22); and a 100ml vaporisateur (£32).

Bath products include 150ml perfumed body lotion (£15.50); 150ml shower gel (£12.50); 150ml perfume deodorant (£15.50); 150ml lotion tonic (£15.50); 150ml dusting powder (£12.50); and 100g soap at £7.09.

France Diffusion are also introducing Davana and Cananga fragrances from Franka M Berger. Davana is based on an Indian herb and Cananga is based on a flowering tree of the same name from Indo-Malaysia.

Both fragrances are available in a pear shaped, frosted glass flacon with a top of ridged plastic and come in dry diffusion and natural spray variants. A 'mousse de parfum' body oil version is also available and France Diffusion say that the oil becomes a white foam when sprayed onto the skin.

The range includes an: EDT 25ml dry spray (£9.95); EDT 50ml dry spray (£21); Vaporisateur (100ml, £35) and a Mousse de Parfum (120ml, £29.50). France Diffusion. Tel: 01-748 8733.

Health & Diet take on Ernest George

The Health & Diet Food Company has appointed Ernest George Foodbrokers Ltd (Food Brokerage Division) to represent the company in the wholesale trade and multiple chemist sector.

Ernest George will have responsibility for a number of brands including FSC; Holly Mill; Slym; Pure Plant; Health and Diet Diabetic; and Linusit Gold.

On the retail side, Ernest Jackson & Co of Crediton, in Devon, will continue to represent a selection of Health & Diet's brands through the independent chemist trade. *Health & Diet Food Co. Tel: 0483 426666*.

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HIGH QUALITY GRADUATED COMPRESSION HOSIERY FOR F.P.10 PRESCRIPTIONS.

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THE TRIANGLE TRUST

The Triangle Trust 1949 fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed or formerly employed in the pharmaceutical industry in Great Britain. Such relief may include assistance with educational expenses.

The Trustees will also consider on their merits any applicaations for assistance beyond the scope of an employer's responsibilities, concerning education or training at recognised centres of study for general or special subjects.

For additional information,

or to apply for assistance, write to:-

The Secretary Dept CD
THE TRIANGLE TRUST 1949 FUND
Clarges House, 6-12 Clarges Street
London W1Y 8DH



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Duracell reaction

Unichem have reacted to a Vantage offer on Duracell batteries by announcing a 20 per cent discount off the normal trade price of Duracell's best selling sizes.

Unichem's general sales manager Tony Foreman says the offer will enable Unichem members to compete with High Street multiples during the run up to Christmas, while negating any advantage gained by its competitor "through its close association with the major distributor of Duracell to the chemist sector".

Mr Foreman adds: "We have secured the best-possible terms from relevant sources to enable our members to compete. Unichem pharmacists can now buy a minimum of one pack of batteries, sell at the RRP and show an average profit of 66 per cent." Unichem Ltd. 01-391 2323.



A stick up

An "ozone friendly" sticker will be displayed on all packs of Vichy deodorant spray (100ml, £3.75) which will be of interest to those who are concerned about the environment say the company. Vichy (UK) Ltd. Tel 0235 26747.

Peaudouce push

Countercall have now available special promotions on Peaudouce nappies, Ultra Babyslips, and Babykini.

The offers are featured in the company's latest newsletter, which also includes a window bill and shelf talker to help pharmacists promote the ranges. Countercall Ltd. Tel: 0992 446969 or Freephone 0800 282892.



Honey from the bee, and FSC....

A new skin care cream combining fresh royal jelly and vitamin E is being launched by the Food Supplement Company (FSC), a division of the Health & Diet Food Company.

The cream (30g, £6.95) is a light fragrance-free cream said to be suitable for all skin types. FSC say that it can be used as a moisturiser and under make-up for tired and dry skin.

To launch the product, FSC

are offering a free pack of their Fresh Royal Jelly capsules, which normally retail at £5.25, with every pot of cream purchased. POS material will also be available from the Health & Diet Company sales force.

The cream is packaged in a screw top jar in a white box, and an outer of 6 jars has a trade price of \$24.18, say the Food Supplement Company, Tel: 0483 426666.





Vileda's hand in glove

Vileda are launching two new designs in rubber gloves.

Safegrip gloves are designed with a special raised surface on the palms and fingers so that they grip well when washing up or working with any liquids, say Vileda. The bright orange gloves come in small, medium and large sizes and sell at around £1.10 per pair.

Double strength gloves are ideal for messy DIY jobs like paint

stripping, unblocking drains and chemical spraying in the garden, Vileda say. The gloves have strengthened palms and a flock lining and are made to be chemical resistant, they say.

They are made longer length to cover well up to the wrists, and they come in blue and yellow in small, medium and large sizes say *Vileda Ltd. Tel: 0274 851175.*

Philips promote Solaria

Philips will be running a money-off campaign with offers up to £50 on selected solaria products in the pre-Christmas selling season.

Philips Winter solaria promotion applies to the HP3147 Facial Solarium; the HP3205 Face and Shoulders Solarium; the HP3148 Half Body Solarium; the HP3152 R Foldaway Solarium; and the HP3132 Compact Solarium.

Consumers purchasing any of these models between November 21 and December 31 will be entitled to £5, £10, £15, £20, or £50 off respectively, provided that redemption forms are received by January 23, 1989.

POS material and on product stickers are also available. *Philips Home Appliances*. *Tel: 01-689*

Philishave performing

Philips have announced a £1m plus television campaign and press advertising worth more than £0.5m to run up to Christmas.

The television campaign will be based on the "Philishave — the perfect performer" theme and will appear on ITV nationally, Channel 4 and TV-am.

For the first time ever Philishave advertisements will appear in both men's and women's magazines, the company says. One campaign features the Philishave triplehead system, the other the Philishave Tracer aimed at the younger market. Philips claim an increased 10 per cent lead in the shaver market this year. Philips Home Appliances. Tel: 01-689 2166.

Popular art from Arden

Elizabeth Arden are offering a pink and blue "L'Art en Fleur" gift wrap for Christmas 1988.

The wrap comes with both gift sets and individual items in the Blue Grass, Memoire Cherie, and Eau Fraiche ranges. Gift sets costs from £7.95 to £21.95, and individual items range from £4.50 to £11.50. Elizabeth Arden. Tel: 01-784 4000.



Pick a pocket

Kimberly-Clark are introducing new packaging for Kleenex Pocket Packs.

The present upright pack with a tear-off top is being replaced by a consumer-led envelope design featuring a patented re-sealable flap.

In recent consumer trials Kimberly-Clark say the new packaging scored particularly well in terms of ease of opening, cleanliness, appearance, tidyness and tissue accessibility.

Throughout the coming year the Kleenex range will be supported by a £3m radio and television campaign plus a programme of trade promotions. Kimberly-Clark Ltd. Tel: 0622 77700.

Oris on legs

Oris Beauty Products are supporting Epilady, the electric hair-remover for legs, with a national media campaign in the run up to Christmas.

Selected TV areas will see the 30-second commercial and full-page colour advertisements will appear nationally in various womens' magazines such as Prima, Women & Home, Essentials and the national Daily Express magazine DX.

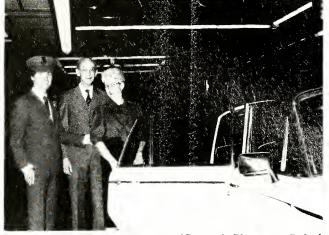
Oris Beauty Products Ltd. Tel, 01-885 2999.

BRIEFS

Reckitt & Colman are offering promotional packs of Dettol Deep Fresh, contaming 40ml extra, on the large sizes of aqua, cologne and pine variants. Reckitt & Colman. Tel: 0482 26151.

Sterling Four Blades are offering a promotional offer through McCarthy Medical for Christmas.

Chemists get a free case of Kleenex worth £25 with qualifying orders, and back up material will include point of sale material, dumphins; and stickers.



Pharmacist Robin Jordan, manager of Proctor's Pharmacy, Oxford, and his wife Yvonne, winners of Kodak's free prize draw in their Kodak Colour Check Competition. The prize included two nights at the Savoy, dinners at top London restaurants and tickets for "Me and My Girl", with a white Rolls thrown in!

Conditioner free with Imperial Leather shampoo

A trial pack of Imperial Leather Gold conditioner will be given away with every bottle of the shampoo until January.

The 10ml sample sachet comes in the same variant as the shampoo — normal, frequent use or enriched care, and in the same distinctive Imperial Leather tapered shape. To encourage repeat purchase of the conditioner once it has been tried, each

sample pack will carry a coupon giving 20p-off the next purchase.

Imperial Leather Gold shampoo is already supported by a fashion-oriented advertisement running in a number high-circulation women's magazines until March 1989; a similar campaign for conditioner will break in January. Cussons (UK) Ltd. Tel: 061-792 6111.

Mouthwatch

Warner Lambert's mouthwash is to be advertised on ten local radio stations with a £150,000 commercial featuring an adaptation of the Rose Royce single "Car Wash".

The advert highlights Warner Lambert's new claim that the product fights plaque and says that Listermint "goes beyond the limits of your toothbrush".

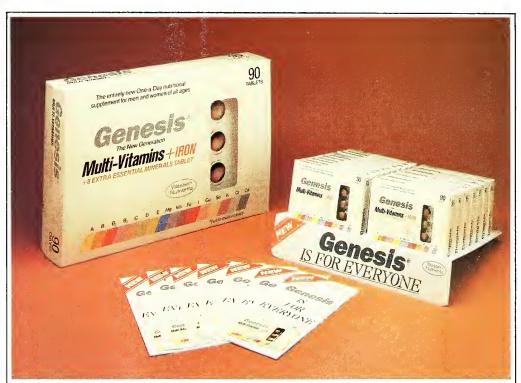
The commercial comes in two forms in 20- and 40-second bursts. It will all be heard on Capital Radio; LBC; Ocean Sound; Essex Radio; Radio 210; County Sound; SCR; Southern Sound; Radio Mercury and Invicta. Warner Lambert Healthcare. Tel: 0703 619791.

BDF medical have introduced Coverlet eye occlusors in junior and regular sizes.

They consist of a lightweight, elastic pad with a fabric backing and are held in place by a low allergenic adhesive, say BDF.

The products come in packs of 20 occlusors (£3.75 trade) and cases of 36. Junior Coverlet also contains cartoon stickers, say BDF Medical Ltd. Tel: 0908 211444.

Advertisement



A completely new concept. Genesis is for Everyone

CENESIS is totally different, a major breakthrough in multi-mineral and vitamin formulation. Many existing products contain too many ingredients in quantities so small as to be virtually ineffective. Genesis is a careful balance of just 16 of the most

essential nutrients, in really significant amounts. Launched on TV in Spring 1988, Genesis is a certain winner, in 30, 90 and 365 day packs. Announce this asset to your customers. They will thank you for it.

SUCCESS!



Robins' Matey distribution

Mates Healthcare, the trading arm of the Healthcare Foundation, have appointed A.H. Robins as distributors of Mates condoms to the independent and wholesale

chemist trade. The A.H. Robins sales force will be undertaking its first national sales drive during the month of November, as Mates Healthcare relaunch their award winning television advertising for the product. This looks at the difficulties of suggesting the use of a condom to a partner, as it can appear to question their sexual past, say Mates.

A special promotion offer will include a display stand with a selection of Mates condoms including Natural, Playmates, Colour, Ribbed, and Tough, together with a free, three-hour video tape for £29.11, say Mates Healthcare, Tcl: 0256 840011.

"What's your

"What's your medicine?" is a consumer guide to prescription medicines published by Leighton Hamilton Ltd.

The paperback book (£9.95) gives the indications, dosage, cautions, interactions and most common side effects prescription medicines listed in alphabetical order under brand names. The editor, William C. Miller, is an economist who has worked in the pharmaceutical industry for 17 years. Professional input came from a pharmacist and a doctor, and the information sources were the ABPI Data Sheet Compendium, British National Formulary and MIMS.

The book is not intended as a substitute for the GP's advice and warns patients not to stop taking any medicines prescribed without first contacting him or her.

Details of trade prices for pharmacists interest in selling the book are available from Leighton Hamilton Ltd. Tel: 01-446 8206.

Extra shine

Silvikrin have introduced 300ml size conditioner variants to meet what they see as a trend towards larger sizes in the haircare market. They say that recent research shows larger sizes have seen a 5 per cent growth in sterling sales accounting for 26% share of the market. Beecham Toiletries. Tel: 01-560 5151.

ON TV NEXT WEEK

GTV Grampian **B** Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4

U Ulster G Granada A Anglia TSW South West TTV Thames Television TV-am Breakfast Television

STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees

Alka Seltzer:	All areas
Andrex family tissues:	All areas
Benylin:	All areas
Braun Independent 2000 haircurlers:	All areas
Braun male shavers 3000 series:	All areas
Colgate toothpaste:	All areas
Finesse:	All areas
Haliborange:	All areas
Insignia:	All areas
Lemsip:	C
Nicobrevin:	TV-am
Philips Philishave:	All areas
Senokot:	All areas

Elegant Touch

Original Additions have introduced a Wild Touch wet look hair gel and a range of Elegant Touch manicure implements.

The gel (340g) will retail at \$1.25, and the manicure implements set consists of: curved nail scissors (\$4.95); curved cuticle scissors (\$4.95); nail pliers (\$5.95); cuticle pliers (\$5.95); flat tweezers (\$1.95); slant tweezers (\$1.95); a 5" sapphire file (\$1.49) and a 7" sapphire file (\$1.99). Original Additions (Beauty Products) Ltd. Tel 01-573 9907.



Cosy toes

Scholl product lines will benefit from money off promotions over the next few months.

Half a million vouchers giving 20p off the next purchase of Thermal or Cosy Soles will be distributed through Scholl product packs.

An unlimited sampling offer, giving readers an opportunity to apply for a free pair of Scholl Hidden Comfort half insoles, will run in *Best* Magazine, January 7 issue. *Scholl* (UK). Tel: 01-253-2030

Dettol's trial

Dettol Soap, from Reckitt & Colman, will have a consumer sampling campaign this Autumn.

Each copy of the November 15 issue of Woman's Ouen, which has a circulation of 1.1 million per week, will carry a free trial bar of the soap on the cover. Reckitt & Colman Products Ltd Pharmaccutical Division. Tel: 0482 26151.

Brylcreem bounce back

Brylcreem's current television commercial supporting the Black range of toiletries will run until December 12.

Over \$1m is being spent on the campaign with national coverage on TV-am and in the six regions where the company says the density of youth population is greatest — London, Granada, Yorkshire, Tyne Tees, Central and STV.

The toiletries, launched in July are aimed at men aged 16-24. They, and the women who buy them as gifts in the pre-Christmas period, will have six opportunities to see the commercial which focusses on the ritual of male grooming. Beccham Toiletries. Tel: 01-560 5151.

Brylcreem have combed the national for eight boys to take part in the final of "Britain's Brylcreem Boy" at Le Palais on Saturday November 26 before a panel of celebrity judges.

Calotherm 20pc off

Kelvin Optical Supplies are offering a Calotherm lens centre display merchandiser free of charge with the product contents at 20 per cent discount during the months of November and December.

And any order for Calotherm products placed within this period, will attract an additional 25 per cent extra free product.

The centre displays eight 100ml Supasprays; twelve Solution bottles; and ten each of the treble and standard size in impregnated cloths. There is also a slot for a free tester bottle. Calotherm say that the centre can also be adapted to take the range of Hi Tech cleaners for anti-reflective lenses and multi-coated lenses, including Calcoat Spray and Calcoat Hi-Tech lens cloth.

Kelvin Optical Supplies will also provide free "personalisation" on any order of six boxes, which will give each practice its own business name and address printed on individual packs In addition, a free personal organiser in soft leather, said to be worth 235, is offered on qualifying orders for Calotherm or a selection of contact lens solutions. *Kelvin Optical Supplies, Tel: 061-335-0541.*

Bodybuild...

L&S Research Corporation have launched three new bodybuilding supplements.

Protabalase comes in two variants: the "Em" formula (840g \$18.99) is for those athletes who are slow muscular weight gamers and the "Me" formula (840g \$19.99) is for faster gainers. Both contain, say L&S pure proteins, complete carbohydrates, essential fats, fibre and fructose, with vitamin B5 and choline.

Cybergenetics Vortex comprises both peptide and free form anino acids in a sustained release formulation (120 day supply £16.99), (240 day supply £25.99).

Cybernetics Fusion (30 day supply £29.99) is a three-part system, which, claim L&S, works with the body's circadian rhythm, L&S Research Corp UK, 16 Bolton Street, Mayfair, London.

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Pollen-B, over 600 million tablets have been sold. Available in 30 and 90 day packs – bring Pollen-B to the forefront and see the difference in your sales figures. Pollen-B is available in 29 countries.

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Extended role backed in YPG survey

An extended role for community pharmacists including a greater range of diagnostic services would be approved of by the general public, according to preliminary results of a Young Pharmacists Group survey.

The survey, described at the YPG's third annual conference at the Royal Pharmaceutical Society's headquarters in Lambeth last Sunday, showed that 68 per cent of the 300 members of the public surveyed think blood pressure monitoring should be available from community pharmacies. Some 61 per cent thought pregnancy testing should be available, 57 per cent agreed with urine tests for diabetes through pharmacies, and 41 per cent thought pharmacies should be involved in needle exchange schemes.

The YPG also found most members of the public prepared to ask advice on OTC medicines (60 per cent) and on minor ailments (62 per cent). And on the whole, pharmacists were seen as easy to talk to; 88 per cent of those asked said pharmicists were "very" or "moderately approachable". Some 52 per cent of respondents thought the privacy of conversation with the pharmacist was "adequate" or better.

The survey formed part of the morning session of the conference, which drew over 50 young and not-so-young pharmacists to the Society's headquarters, including Society vice-president Marion Rawlings and Council members Alan Nathan, Alison Blenkinsopp, and Linda Stone.

Delegates heard that, unlike other pharmacy ginger groups of the recent past, the YPG goes from strength to strength, with membership up 120 per cent since last year and funds 100 per cent higher. Outgoing chairman Christine Tobitt said the year had seen the start of regional network, with meetings around the country.

The YPG presented its final report on certified support staff, undertaken following the Society Council's suggested delegation of specific tasks to staff who have undertaken an approved training course.

The YPG investigated four courses — Boots, NPA, Society of Apothecaries and BTEC — in the light of the Council's Nuffield conclusions on necessary training, as assessed by the Group.

Most courses did not cover communication, response to

knowledge, appliance training and repeat prescription record handling including use of a computer, areas the YPG consider vital in any assistants new role. The report found that all courses covered general requirements, but no single course covered its assessment of specific requirements, and recommended that all items should be examined through a test of competence in a single course The report concludes with a call for Council to define, after full debate, the requirements for "certified support staff", so an appropriate course can be designed without delay.

Afternoon "question time" at the YPG Annual Conference has rapidly become a tradition. But delegates seeing the name of Dr David Roberts, chairman of the Dispensing Doctors Association, on the programme who expected verbal fisticuffs, were disappointed.

The panel — Dr Roberts, Council member Linda Stone, students' president David Tait and the head of the Society's Law Department Gordon Appelbe — generally agreed that education was the best way forward in cooperation between the professions. Dr Roberts suggested that dispensing doctors felt themselves under attack by the Rural Pharmacists Association and others; such attacks were likely to mean less co-operation.

Announced visits a good thing?

On the question of whether announced visits by the Society's inspectors were a good thing. Mr Appelbe said the policy was at an early stage, but, speaking personally, the inspectorate's prime duty was enforcement and it may be that the job might be made more difficult by announcing visits.

David Tait said he saw the inspectors' role as one of balance — giving advice and policing — while Linda Stone said that the inspectors were the "face of Lambeth" with whom the relationship—should—be

constructive. 'If one of the ways to improve the standing of the inspectorate is announcing visits, then I think we should have them.'

Dr Roberts asked if it was the beginning of the end for the inspectors? Ian Miller thought it would make the inspectors' job easier as pharmacists would "get things in order" before he arrived.

Dr Roberts doubted whether dispensing doctors would have anything to fear from inspectors' visits. The audience agreed by a three to one majority that inspections should be extended to all dispensing practices.

Linda Stone agreed that diagnostic services should be provided from community pharmacies, but pharmacists had to be trained properly.

Dr Roberts agreed that pharmacies could provide such tests, but he said that more and more GP practices were employing practice nurses to do diagnostic testing. Mr Appelbe reminded the meeting that increasing services brought increased liability, and pharmacists considering such services must look at the law of negligence.

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MR SPENCE

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BM =TEST = GLYCEMIE = 1 = 44 = USE AS DIRECTED. UNILET GP LANCETS 1\200 =

USE IN CONJUNCTION WITH AUTO CLIX AND TEST STRIPS.

MRS ENGLAND

THYROXINE TABLETS $100\,\mathrm{MCG}$. — ONE TO BE TAKEN DAILY. THYROXINE TABLETS $50\,\mathrm{MCG}$ — ONE TO BE TAKEN DAILY.

MISS BROOMF

TENORMIN 100 MG. – ONE TO BE TAKEN DAILY

MRS JONES

ADALAT RETARD 20 MG. –

ONE TO BE TAKEN AT NIGHT WITH EOOD.

MRS RODGERS

MADOPAR 62.5 MG. TABLETS – ONE TABLET TO BE TAKEN TWICE DAILY DISPERSED IN WATER.

MR MOORI-

CAPTOPRIL TABS 25 MG. – ONE TO BE TAKEN TWICE DAILY. ERUSEMIDE TABS 20 MG. –

ONE TO BE TAKEN IN THE MORNING.

AMILORIDE TABS 5 MG. ONE TABLET TO BE TAKEN DAILY.

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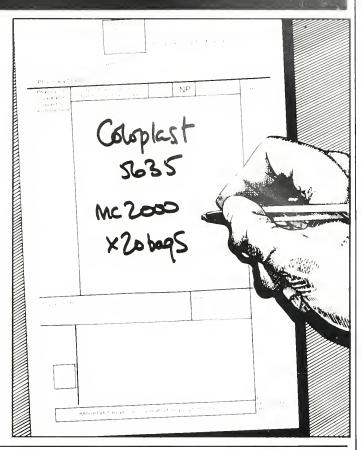
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Q&A

Appliance prescriptions do not always order convenient quantities so far as outers are concerned. And then there's the extra expense sometimes incurred in ordering direct because the wholesaler does not have just what is required. The Pharmaceutical Services Negotiating Committee explains what can be claimed.

but not on other appliances. 3 Yes. In cases such as this the pharmacist may claim for any out of pocket expenses such as postage and packing. The claim should be made on the endorsement and an invoice submitted with the prescription when it is sent off for pricing. Pharmacists should include claims for "out of pocket expenses" with the prescriptions but should put additional documentation (eg invoice copies) on top of the bundle and not staple these to the prescription.



QUESTIONS

1 How can the pharmacist find out if this appliance is allowed on NHS prescription?

2 The pharmacist has to order the product specially and can only purchase the bags in a pack of 30. Can the pharmacist claim any payment for the 10 bags not dispensed?

3 The pharmacist cannot obtain the bags through a wholesaler and has to buy them directly from the manufacturer. Can the pharmacist claim back the charge made for postage and packing?

Answers

1 All stoma and incontinence appliances which are prescribable are listed in Part IXA of the Drug Tariff which is sent each month to all pharmacy contractors.

2 Yes. The pharmacist can claim broken bulk for the pack of 30 as this is the Drug Tariff pack size. Broken bulk may be made on all stoma and incontinence products



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And with full national "TV" support this winter, more and more mums will be making 'Tixylix' their number one choice too.

So while 'Tixylix' is helping to send thousands of children's coughs to sleep, wake up your sales by ordering more

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COUNTER PRESCRIBING FACT SHEET PRESENTATION: 'Tixylix' is a blackcurrant flavoured cough linctus developed specifically for children. Each bottle contains I00ml linctus. ACTIVE INGREDIENTS: Each 5ml linctus contains: Promethazine hydrochloride B.P. I.5mg, Pholcodine B.P. I.5mg, USES: 'Tixylix' provides symptomatic relief of coughs and colds in children. It is particularly beneficial for night coughs. PRINCIPAL ACTION: 'Tixylix' contains both an antihistamine (Promethazine hydrochloride) and a cough suppressant (Pholcodine). Promethazine hydrochloride is a phenothiazine derivative. It has a prolonged antihistamine action. Promethazine hydrochloride also has marked local analgesic properties. Pholcodine is a cough suppressant but has little analgesic action. It can relieve local irritation of the respiratory tract for about 4 to 5 hours. Pholcodine is indicated for the relief of unproductive cough. RECOMMENDED DOSAGE: Shake the bottle before use. Children 3-5 years: one 5ml spoonful, 6-10 years: one to two 5ml spoonfuls. To be taken 2-3 times a day. CONTRA-INDICATIONS AND WARNINGS a) As with other products containing antihistamines 'Tixylix' carries the following statutory warning – 'May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink' b) Parents are advised to consult their pharmacist or doctor if their child is taking prescribed medicines. c) There is a warning against exceeding the stated dose. PHARMACEUTICAL PRECAUTIONS: 'Tixylix' should be protected from light and stored at a temperature below 25°C. LEGAL CATEGORY: Pharmacy medicine. PRODUCT LICENCE NUMBER: PL 12/0150. PA 40/50/I. MANUFACTURER: and owner of Trade Mark 'Tixylix': May & Baker Ltd., Dagenham, England. DISTRIBUTOR: Intercare Products Ltd., Wokingham, England. January 1988.





More than a new counter

Undecided about a refit? Then it might be wise to take a quick look around before jumping onto this fast revolving cycle of designer led revolution. Gone are the days when the shop-fit was a once-and-for-all event associated with the origins of the shop.

Today it's all happening — the soft low voltage lights, illuminating your choicest goods. revolving around in the gold-encrusted case resting on the deep exclusively designed carpet! Never mind the dogs and prams: it's all to last only two or three years at the most.

Not impressed! Well look around, everyone in retailing is up to their eyeballs in bricks and plaster, sawdust and conduits brushing up their image, inspired by the seductive visuals, mock-ups and samples of the revamp trade. They are all at it: the Big-Chems, the Save-Alls, Don-it-Alls — there is just no end!

Is it just madness? No! Retailing has been booming and this attempt to upstage the

opposition is all in the interest of market share. There is every indication that the right refit does bring in that extra business, usually

estimated at about 20 per cent, but frequently reported as a much higher figure. And just as important is the retention of existing business, which may be tempted away from the retailer who rests on his laurels.

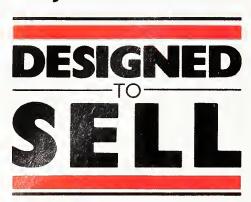
While extra business must be the basis for seeing the dreaded bank manager, there is also the very important factor of some comfort for pharmacist and staff. How both have suffered in those poorly heated, poorly lit dispensaries and shops, with inadequate and badly arranged storage and display

It isn't only the shelving that gets attention. It's the ventilation, heating, lighting, ease of serving, finding stock, dispensing, as well as the all-important ambience — the up-market professional look. That's what you can get from a good shop-fit. It's expensive, but it can be very cost effective and satisfying.

A recent survey of the 200 richest people in Britain included a surprising number of names from retailing. And it is said that anyone wanting to get seriously rich should go into property, publishing or retailing. With that in mind, Lawrence Cutler, director of the Shop and Display Equipment Association comments: "The change in shops over just a few years is truly astonishing. Standards of planning, design and merchandise display have been transformed out of recognition. Retailers have become skilled at placing themselves in the market and presenting the consumer with a clearly defined image

The movement has been up-market because the message is clear; quality sells! As Mr Cutler points out this applies not only to the products on offer, but to the fittings and

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A new site or refitting?



Tight for space or nice and roomy?

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SHOPETERING

decorations of the shop — the ambience

So change and innovation are the key to a successful retail formula. The retailer who has not refurbished his shop for a number of years or has not thought seriously about his image will fall behind.

However, it takes more than "a new counter and some shelving" to revitalise a pharmacy, according to John Hilditch, director of shop designers Dollar Rae. He maintains that real and lasting benefits can be achieved by a new design concept which projects a quality image, reflecting the professionalism of the pharmacist. The significance of such a new design concept is evidenced by recent redevelopment of three businesses whose particular needs were as far removed from one another as were their locations — Bristol, St. Albans and Glasgow.

In Bristol, Dollar Rae undertook the transformation of a 155-year-old chemist's shop in West Mall. With such a historic site, the proprietor and local conservationists were naturally anxious to retain as much as possible of the shop character. The main requirement was to provide additional display space and an ambience to attract present-day shoppers. An increase in the sales area of 50 per cent was also attained by opening up the former

stockroom and dispensary.

New display furniture was created utilising the original ornate carved wood panelling; decorative wooden corbels from the original counter were fitted to a new unit. The multicoloured corniced ceiling was restored and repainted and a specially-woven carpet incorporating the shop's new motif fitted. The effect was the best of two worlds that has proved appealing to an increasing number of customers.

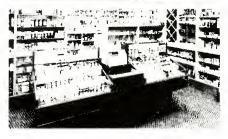


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In Bristol — chandeliers to designer carpet — the best of both worlds by Dollar Rac

A recent project in Hertfordshire has been the creation of a new pharmacy across the street from the smaller site it formerly occupied, increasing floorspace almost threefold and at the same time enhancing the ethical image of the shop.

Proprietor Jaiprakash Brahmbhatt says: "It has created a great deal of interest and we have seen many new faces; it looks very promising for the future.

Mirrors the lifestyle

The importance of creating a retail environment which mirrors the lifestyle of its customers is exemplified by Fraser's Pharmacy in a fashionable suburb of Glasgow. The new layout has proved to be appealing to traditional customers, but is also now attracting more shoppers from further afield. "The resulting advance in sales is very satisfactory," says proprietor Dr Donald Fraser, "with items such as cosmetics, bought largely on impulse, benefitting from improved presentation.

The basis of Dollar Rae's design concept was to open up the whole frontage and make the entire shop the window display, creating a quality retail environment. And in order to strengthen the ethical image, the dispensary was made open-plan.

Dr Fraser says: "Neither my pharmacist wife nor I had appreciated the value of having the dispensary in public view. But, judging by the reaction of customers, this has proved to be a very worthwhile feature.

Now it is not only in the sales area that things are happening. Whatever the choice of equipment or fittings, the dispensary is being brought into the front shop both physically and with style. "There is a growing tendency for the shop colour scheme to be carried through into the dispensary,'' say Nottingham-based fitters Zaf. "The white is being replaced with creams, soft browns and with coloured

The demand on the pharmacist to be both with the public and checking the prescriptions can be largely overcome by setting a compact, efficiently-equipped dispensary right into the shop selling space. A longer combined ''Pharmacy-only'' sales and prescription reception counter can provide room for the pharmacist and, if wrapped around a corner, a convenient consultation area.

Zaf sales director Mike Dibley observes: "The successful NPA campaign has encouraged the public to consult their local pharmacist for advice and therefore there is a



A design by Z af to expose the customer to impulse purchases as they move to the dispensary



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SHOWRAX

SHOPFITTING

growing demand by pharmacists to have a room or area available for private consultations." This has been further stimulated by the declared intention of the Department of Health to modify NHS paymnts in relations to services provided.

In the dispensary the pressures on space — plus the fact that original pack dispensing (OPD) will require additional shelf space — make it wise to examine the options offered by high-density storage systems at the time of planning a refit.

These systems are represented by two main types — multidrawer units, and horizontally or vertically revolving units which may be open or enclosed. Examples of these

are illustrated as follows.

Sintek Ltd offer the Rombic XF sloping drawer units which consist of a battery of 25cm wide drawers divided by adjustable plastic sliders. The drawers are mounted at an angle of 25 degrees and sloped backwards so that the drawers slide back under their own weight. The side slope is to ensure that older stock is taken first, the draw bins being replenished on the higher side. The company offers various combinations of the 18 drawer unit which they say requires 75 per cent less space than conventional shelving.

H&H Systems (UK) have a very wide range of drawer systems, known as Apodrawers, which can be tailored to any

space and product.

A similar system is manufactured by Huwil-Werke and distributed by the Unicroft Group, but here the drawers are more standard, being strongly constructed and lockable. The whole cabinet can be mounted on rails to reduce gangway space.

The carousel rotating on a vertical axis, not unlike a revolving showcase with numerous

shelves, is perhaps more suited to the larger dispensing/consultative pharmacies seen in Europe. It could however be used effectively in a really busy dispensary providing an attractive work-area.

The more compact secure carousel rotating on a horizontal axis, such as the Pharmatic (Zaf) or Kardex System's Pharmatriever are much more likely to find

space in the new dispensary. The great advantages are the 60 to 80 per cent saving in shelf-space, the high security provided, and the cleanliness maintained within the enclosed cabinet.

Kardex claim that one pharmacist can handle 7,000 prescriptions per month with their Pharmatriever system, which presents the selected shelf to a dispensing bench, at "a



A perfumery section designed by Zaf for browsing with provision for personal service



touch of a button''

Zaf's claim for their similar Pharmatic is that over 7,000 items can be handled by one dispensing assistant and the pharmacist working together. The Zaf system, however, can be automatically stimulated by a signal from a labelling computer so the quoted manning level includes the labelling function. This tie-up can provide an additional identification check if the person selecting the drug from the Pharmatic shelf reads from the prescription, not the label.
"There are many benefits from the Zaf

Pharmatic, claims sales director, Mike Dibley "Some scripts can be produced in under 30 seconds, substantially reducing customer

waiting time.

The high security system also offers a lockable CD cabinet which can be revolved to the rear, prior to electrically isolating the machine and further securing the front lockable doors. Additionally the products are kept dirt and dust free and protected from light.

Utilising a Pharmatriever or Pharmatic the dispensing operation can be brought into close contact with the patient, or partially concealed to the side. This layout certainly allows direct and continuous interaction with the patient and customers making "P" purchases.

Design consultant or shopfitter

The choice of shopfitter or design consultant is not an easy one, but for a major refit it is essential to be certain that the chosen company has expertise in fitting out pharmacies. It is also preferable that they should have experience in developing instore speciality areas — such as cosmetics — so that one is not limited to just a "design of shelves".



lar display system with special finishes and custom-built counters and es produced by Zat

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A bright attractive uncomplicated style to suit a fast moving trade profile — a scheme by Zaf

A relatively simple replacement of shelving racks and counters in an existing area can be carried out by numerous companies offering standard units in metal, glass and a few in wood. The problem is to ensure that the final result is pleasing, and that the remaining old decor still blends with the new units.

If the proposal involves much building work, provision of new heating and lighting services and so on, then a design consultant or shopfitter offering a total service should be considered. Such organisations might appear to be more expensive, but the programming of the multidisciplines is essential if business is not to be interrupted.

Crystalising the image

Exhibitions such as Chemex and Expo Shop offer a good preview of the latest trends and provide informal contact with the shopfitters. Visits to local large stores, perfumeries and newly refitted pharmacies can all help to crystalise the image.

Attempt to evaluate the particular requirements of the shop in question: Who are the customers? What would they like to see? Do they wish to linger in comfort or rush to collect the children from school? What kind of area is the shop in? Could there be room upmarket or would basic shelf-serve shelving be the thing?

Don't forget these requirements are for some five or more years on, as well as the immediate future. It might well be cost effective if perhaps something a little better or more ambitious is attempted.

A good shopfitting company or design consultant will ask these questions and more. Martin Taylor, leader of Burtons Corporate



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competitive prices

Design Group, speaking of Exporama Ltd, says: "Cost, delivery and quality are the three key factors. However, we also look for an understanding of the concept and Exporama

demonstrate their skills in their area.''
Graham Short, Zaf's marketing manager, has even more to say on this subject. "Customer purchases generally fall into one of three types. The planned purchase, which gives the customer an initial reason for entering the shop. The impulse purchase where a customer is attracted to purchase a product which is displayed to catch the eye, and the considered purchase — where the customer wishes to browse and make an

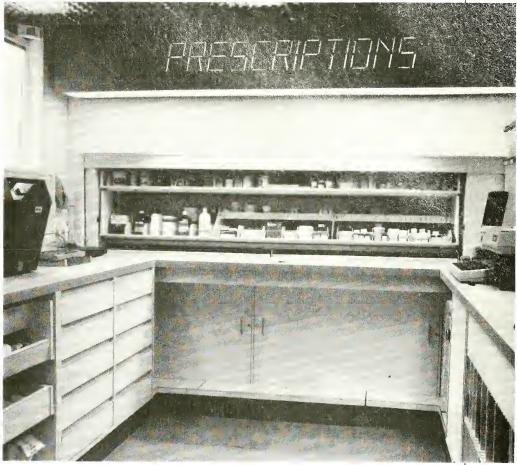
unhurried selection.

For the pharmacy a planned purchase might be a medical item or presentation of a prescription, indicating that the dispensary is often best located away from the main entrance. "In this way, customers are exposed to the displays of impulse purchase items as they move through the store, and, having made their planned purchase, the designed flow then encourages them to browse, without obstructing others who may wish to reach the counter.

In considering customer flow, Zaf recognise that every shop is a one-off. They will monitor existing trade patterns and customer profiles before advising the pharmacist on the layout and style.

Mike Dibley says: "The numerous installations that Zaf has handled for both independent pharmacists and multiple chemists over the years has allowed us to

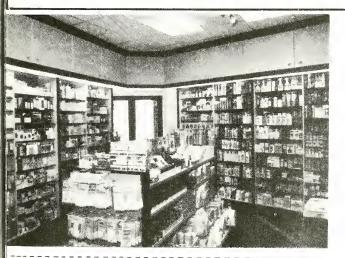
accumulate a wealth of planning, design and fitting experience of direct relevance to this sector. Yet our depth of experience in other retail sectors, from department stores or



Zaf's Pharmatic, a space-saving computer-linked rotary carousel dispensing system

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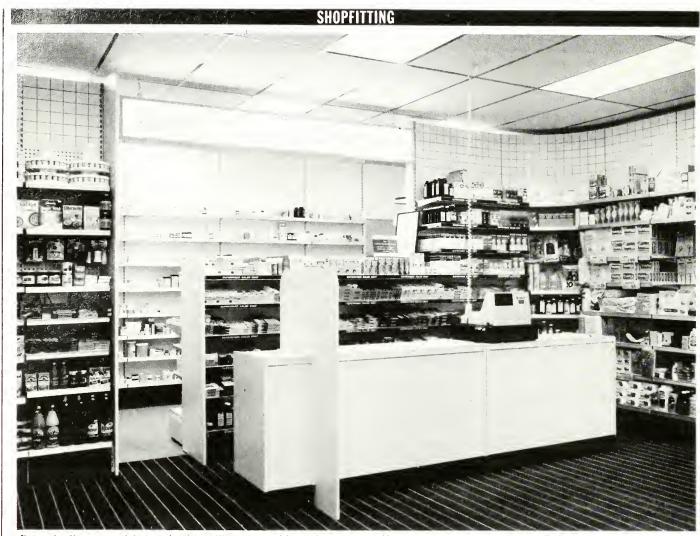




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Bring the dispensary right into the shop selling space, with a "pharmacy-only" sales and consultation space by Zaf

supermarkets to newsagents or fashion retailers, allows us to advise knowledgeably on retail trends." This can be of particular advantage for the pharmacist who is expanding his business into other trade sectors, for example leisure clothing, babywear, gardening or hardware.

The atmosphere of the shop must fit with its desired customer and product profile. "If a shop has a high volume, fast moving trade profile, in a high street situation with young housewives, their children, and the busy working shopper, then our designers can produce a bright, attractive uncomplicated style to suit. But for an up-market shopping mall trading with a customer base of an older or more affluent client then a luxurious

ambience should be created."

There is evidence that segmenting the market in this way can maximise profit opportunities. With their in-house joinery facilities, Zaf provide a variety of finished appearances, offering a client a personalised look. Everything from standard non-scratch cream vinyl coated merchandising systems, through units specially produced in the client's dedicated house colours, right up to individually-produced mahogany or oak finished units to retain a traditional look.

Optimum utilisation of the shop to store back-up stocks can often free areas, which have been previously used as storerooms. Both self-aligning plinth storage drawers and above pelmet storage units which do not detract from the style and appearance can be incorporated.

The ease with which shelves and brackets can be removed and relocated encourages more effective merchandising. Says marketing manager Graham Short: "If a system is awkward to handle then the staff are not inclined to change merchandising layouts to take advantage of seasonal trends or promotional opportunities."

Counters and display

The counter is important can be offered in styles to meet the pharmacist's needs. Large binned medical counters pay for themselves, through the extra sales volume of impulse lines. Counters for perfumery or photography sections are also offered for the up-market browsing areas.

Glass wall display cases and counters with gold finished profiles can be complimented with hexagonal rotating glass showcases, built in spotlights, an ideal medium for displaying expensive items which require the additional security.

A recent survey by Verdict Research shows that chemists have lost yet another £1m in toiletry sales this past year. Since 1980 drugstores have increased their sales almost five times — "chemists are already outgunned by grocers and drugstores."

by grocers and drugstores.'

But need this be so? Pharmacists have a unique advantage over all other retailers in that the NHS brings potential customers right through the door! But if, as John Hildith says, ''it takes more than a new counter and some shelving' to revitalise a pharmacy, is the independent chemist getting the message?



Anderson resigns at PSNI

Dr Lesley Anderson has resigned from the Council of the Pharmaceutical Society Northern Ireland. She and her husband are moving to London. PSNI Council received her resignation with regret at its October meeting. The president thanked her for her contribution and expressed best wishes for the future.

Mr William Thomas Hunter has been elected president for the ensuing year. Mr Hunter, who served as president in 1971/72, is a community pharmacist in Belfast. Mr R.G.P. McMullan FPS was elected as vice-president and Mr R.G. Dillon was re-elected as treasurer.

Council representatives recently met the staff from the College of Technology who are responsible for teaching the BTEC National Certificate in Science (Pharmaceutical). It was agreed the Council should nominate two members to the Course Advisory Committee. They are Mr Joshua Kerr (community pharmacist) and Dr Michael Scott (hospital).

Information has been received from the DHSS about the need for a "unique common identifier" for

efficient records linkage in the Health and Personal Social Services. The Council felt that it is important that pharmacists, with their capacity to hold patient records, should be involved in the setting up of such a system. It was agreed that the Department's paper should be studied in detail by the General Purposes Committee before formal consultation with the Department.

The Public Records Office has advised Council that it is reappraising its records to release storage space. It has some 600 volumes of Grattans prescription books dating from 1827-1955. It wishes only to retain a sample and has offered the remainder to the Society. It was agreed to acquire the books subject to inspection.

The following applications for reciprocal registration under the agreement which exists between the Great Britain and Northern Ireland Societies were approved:-James Durrand, The Chase, Warren Road, Donaghadee. Fiona Sarah Higgins, 1 Woodbrook Park, Smalls Road, Warrenpoint BY34 3PL. Patrick Joseph McCallion, 4 Main Street, Drumquin, Omagh, co

Anne Elizabeth Thompson, 14 Green Road, Ardglass, co Down.

The secretary and Mr Kerr reported on their recent visit to London to attend the October Council meeting of the RPSGB. Mr Kerr said that he was impressed with the organisation in London, and felt that it would be helpful if the president elect were to attend the October meeting before taking office. It was agreed to discuss this with the RPSGB.

Those who attended the recent Irish Pharmaceutical Conference in Limerick reported that as usual the conference was well organised and that the content of the working session was very relevant.

Mrs Watson reported that the Royal Victoria Hospital Expatients Guild has run into problems because of the Data Protection Act. This Act prevents the release of names and addresses of newly discharged patients who are the main source of the Guild's income. Since information about the Guild cannot be included with the patients' discharge papers unless the situation is resolved, the Guild will soon run out of funds.



Professor D'Arcy

industry and eight of the research students were financed by industrial grants.

Professor D'Arcy emphasised that although the department was paying its way in research, it was expensive in terms of staffcommitment and more were needed to handle concomitant pressing teaching duties.

Members of the department had published one book and 48 research papers, reviews, and communications. Two video training films had also been made in collaboration with the Queen's Television Production Unit. Links with universites of Khartoum (Sudan), Zimbabwe (Harare), Gomal (Pakistan) and the Shenyang College of Pharmacy in the People's Republic of China were maintained. New links had been developed with the University of Malta. The Queen's graduate diploma course in clinical pharmacy had been successful in Kuwait in collaboration with the Ministry of Health's modular, self-learning supervised programme; 21 pharmacists enrolled during 1987-88 and the first graduation will be in January.

In recent months the Pharmaceutical Society and the department had received a grant of £66,000 to create a pharmacy practice research unit within the department. Other monies from industry had been added to this and currently a research fellow and other research staff were being recruited to work in the unit.

The guest of honour, Dr Gordon Beveridge, the vice-chancellor of Queen's University, presented the prizes and paid tribute to the Department's work.

'Queen's can hold its head high in terms of academic standards. I am not merely referring to our undergraduate entry but to our teaching and to our research, the latter being recognised and substantially endowed by external funds, for example from the Nuffield Foundation and the international pharmaceutical industry.

Correction Last week (p785) we said Mr H. W Gamble was present at the opening of the Society's new House. It was, of course his widow who attended the ceremony. Our apologies.

A vintage year for Queen's

The pharmacy department at the Queen's University of Belfast has had a vintage year, the head of department Professor P.F. D'Arcy told graduates and guests at the annual prize giving ceremony at the PSNI's headquarters in Belfast recently.

Over 70 per cent of the 58 students graduating gained a first or upper second class honours. Four students gained first class honours (Brenda Bradley, Mark Hunter, Joanne Ireland and Orla McCallion), 37 second class honours (first division), 16 second class honours (second division) and one gained a pass degree.

Higher degrees were gained by Peter Wardlow (PhD in pharmacology), and Gillian Gracey, from Ivex Laboratories, Larne, (MSc in pharmaceutical analysis). Alison Armstrong, Mary Tully, Karen Sinclair and Seiko Ramotihwa gained MSc's in

hospital pharmacy.
Professor D'Arcy said the department continued to attract overseas postgraduate students. Among the 19 PhD and three MSc students 10 were from outside the

British Isles - namely Saudi Arabia, Egypt, Zimbabwe, Singapore, Malaysia, Sudan, and the People's Republic of China.

The department had built up a reputation for welcoming overseas students, he said. The department continued to attract funding from the pharmaceutical

Queen's prize winners 1988

D onor Pharmaceutical Society of Northern Ireland	Win Orla
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McCallion medal

Orla McCallion £30

Astra Pharmaceuticals Ltd

Sangers (UK)

Ulster Chemists

R. Boyd Abernethy

Pfizer Ltd

Boots Co Pharmacy Prize

ICI

Parke-Davis

Smith Kline & French Smith & Nephew Galen Ltd

Ivex Pharmaceuticals National Pharmaceutical Association College of Pharmacy Sangers Award

Orla McCallion £50 Joanne Ireland £50

Orla McCallion £50 Fiona Dalglish £50

Mark Hunter £50

Mark Hunter £30

Jayne Agnew Mark Hunter Claire Mills £100 and mortar & pestle Dierdre Mulholland £50 and Martindale Claire Mills £50

Helen Seeds £50 Barbara Conway £25 Don Wallace £20

Sharon Kane £100 Sharon Kane \$50

Wendy McAuley £50 Anne Marie McCusker Qualification Outstanding merit in final

Distinction in-Level 3 studies Pharmaceutical chemistry Pharmacology (level 3) Best project final year (level 3) Pharmaceutics (level 3)

Professional and clinical studies (level 3). Joint elective subjects (level 3) Business management elective (level 3)

Level 2 studies

Dispensing (level 2)

Pharmaceutical legislation (level 2) Pharmacology (level 2) Pharmaceutics (level 2) Pharmaceutical chemistry (level 2) Level 1 studies Pharmaceutics (level 1)

Pharmacy practice (level 2 and level 3)
Project "Blood pressure measurement in community pharmacy'

Council says 'no' to **Davies referendum**

The Royal Pharmaceutical Society's Council has rejected a suggestion that there should be "a type of referendum' on its supervision policy.

The suggestion came from John Davies as an alternative to his earlier proposal for a special meeting to consider a motion of no confidence in Council.

Council agreed to inform Mr Davies that this would not be the right way to proceed. He and his colleagues had discussed the matter with the president at a two-hour meeting on September 28, when the differences of view had been debated amicably. The president had suggested that before Mr Davies and his colleagues reached their final conclusion they should await publication of Council's model written procedure for dispensing under the proposed optional scheme.

The scheme could be adopted at the professional discretion of the pharmacist in charge, as an alternative to the present arrangement, where the pharmacy could meet criteria such as the availability of trained support staff. That suggestion had appeared to be well received by Mr Davies and his colleagues, and Council intended to proceed on that basis.

The letter would add that the principles to be applied within the model procedure had been approved by Council and the model procedure itself would be published by January, 1989.

NHS lottery rejected A motion that "The Council does not support central funding of the NHS by a lottery and would not wish to see pharmacists participating in such a scheme," was carried.

Proposing the motion, David Coleman said there might be a case for investigating some other means of financing the NHS, but a national lottery was not a method to which the Society should lend its weight. David Sharpe asked whether, if the motion were

passed, it would mean that any pharmacist who took part in such a lottery would be regarded as acting improperly. The president said the motion was purely advisory and an expression of Council's opinion.

Staff training A working group on the education and training of pharmacy support staff will include Council members and representatives from the Association of Pharmacy Technicians, the National Pharmaceutical Association and Boots. The group will also include other pharmacists providing education and training for pharmacy support staff.

Cholesterol testing A document pharmacists' supporting involvement in blood cholesterol testing was approved by Council for submission to the Standing Medical Advisory Committee working group on cholesterol Guidelines testing. pharmacists involved in blood analysis are to be published when the ethics of advertising such a service have been decided.

Medicines distribution Council is to seek a meeting with the Association of the British Pharmaceutical Industry about distribution of pharmaceuticals. The association has set up a

working party dealing with the present volatility of the wholesale sector, implications of the "clawback" regarding parallel imports, the development of community pharmacy chains and the possibility of pan-European marketing from 1992. The Council wishes to put the Society's views to the ABPI before the association reports.

Ambiguous scripts Council has agreed a letter should be sent to a prescriber expressing concern over the ambiguity of directions on his prescription. This had led to a serious dispensing error which had resulted in a patient receiving treatment. hospital prescription, for Dyazide tablets, was marked 1 tab/day only but the "tab" had been unclear and had been interpreted as one three times a day

Breaks at work Following a complaint by two pharmacists that they had been unable to have statutory breaks while working in branches of a multiple pharmacy company, the personnel manager has assured the Society that it is not company policy to prevent pharmacists from taking breaks.

He is to write to all the locum

agencies used by the company to clarify the situation.

Unethical inducement Council has decided that the supply by pharmacies of prepaid envelopes in connection with prescription collection and delivery services constitutes on unethical inducement. It objects to the use fo such envelopes where services are provided to residential homes, domicilicary patients or nursing

homes and similar situations. European pharmacists A further seven pharmacists from European Community states have registered in Britain under the free movement directive, between July and September. The total since April is 21 — five from Denmark one from France, two from West Germany and 12 from Ireland. A further 14 certificates of identity had been sent to EC countries on behalf of British pharmacists, bringing the total to

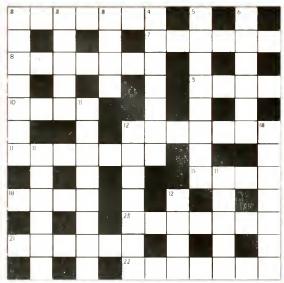
European links Council has agreed to establish formal links with the European working group on animal medicines and medicated feedstuffs

New Zealand deregulation? The New government Zealand considering deregulating the professions and has asked the NZ Pharmaceutical Society various questions including pharmacists have to register to practise. Council agreed the Society should give any support it

Branch meetings requirement Council has agreed that preregistration graduates will have to attend a Society local branch meeting with their tutor as part of the preregistration experience.

WYETH GENERICS PHARMACY CROSSWORD NO. 7

The solution to No. 7 will appear alongside No. 8 in January, 1989



Clues Across

- Composes with cosmetics (5,2) Smoothed two little men after one (6)
- All-round rate distribution on the side [7]
- Edges in trim shape (4) Trick sure is mixed up (4)
- Stopl Gin explodes sending letters (7)
- 14. A king before another animal settles the stomach (7) 16. Strange end around eastern paradise (4)
- A girl going both ways [4] 20 Nothing to see? Sounds like why the good man gets an auditory vesicle! (7)
- 21 Eat sloppily with kin to deceive [6]
- 22 Stand penniless around article in charge of the devil (7)

Clues Down

- Calling Ma a liar results in illness (7)
- Points after equipment for flying [5] Crushed ores can be painful [4]
- Blockhouse contains medicine perhaps (4.3)
- 8. 19 Ties up vessel around both tea rooms (5.3.4) Little weather forecasters (3.3)
- Beloved in bad need is expensive (8)
- French fish in the swim are toxic [7]
 Get nice about something to do with origin [7]
 Haul headless Dan around in a folding top carriage [6]
- 17 Done earlier with Japanese currency for senior (5)
- 19 See 5 Down (4)

Submitted by R.D. Plant, Wollaton, Notts

Across: 7 Teaspoonfuls, 8 Unparalleled. I.2 Amoeba, I.3 Cherry. IS Accidentally. I8 Prescription Down: 1 Penny. 2 Asia. 3 Nora, 4 Inclement, 5 Purileu, 6 Used car, 9 Reproduce. IO. Scrappy. II. Reacted, I.4 Blood, I.6 Nail, I7. Acts.

Prizes of £5 will be awarded to the senders of the first 5 correct solutions drawn on 10th January 1080

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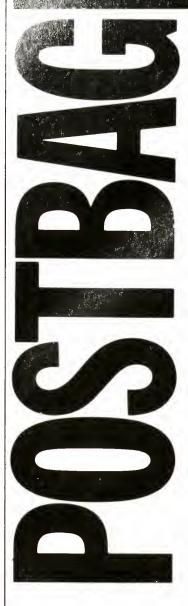
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Happy anniversary

It has been one year since I reported to The Proprietary Articles Trade Association and Whitehall Laboratories about a supermarket in our local area price cutting Anadin 24's. Since then I have found two other outlets also selling Anadin more cheaply.

Despite regular requests for action to Whitehall, the situation continues. The PATA has also ignored my complaints.

I would strongly call on all fellow pharmacists to boycott their products and close their accounts with Whitehall Laboratories.

H.C. Bounds Redditch

PATA secretary Gerry Harraway replies: Over the past 12 months the PATA has received five reports from Bounds & Lindsey Ltd of price cutting on Anadin by the supermarket concerned. In each instance, receipt of their report has been acknowledged by the PATA and details of price cutting passed to Whitehall. It has always been our experience that Whitehall have been fully cooperative in seeking to obtain remedial action whenever advised of price cutting activity on their products and a high degree of success has been obtained.

It is important that complainants appreciate that the PATA has no powers to institute legal proceedings against price cutters — this course of action is only open to manufacturers.

Assess local opinion

At two joint RPSGB/NPA meetings recently, one in Liverpool and the other in Warrington, I addressed pharmacists on the subject of

supervision.

Present at these meetings were pharmacists from the Liverpool, Wirral, Sefton, Cheshire and Preston branches of the Society - a fairly broad spectrum. The feeling expressed at these meetings was one of deep concern at what Council has proposed with regard to supervision, and it was the unopposed resolution of both meetings to demand that a special meeting be convened locally in order that pharmacists would have chance to debate the issue fully. Arrangements are now

under way to allow this special meeting to take place, which hopefully will be early in the New Year. It is hoped that Council will be directly represented in order that its policy can be explained fully.

would ask that the committees of all local Society branches make arrangements to call similar meetings. After addressing the two meetings above, and talking to numerous other pharmacists, I have found an almost total rejection by pharmacists of Council's proposals, but they feel impotent in the face of Council's determination to carry its policy through. It is now up to the membership to make Council think again. It is up to local branches to assess local opinion and make this known to Council.

Council members have convinced themselves that the majority of pharmacists support their policy, but are unwilling to test their conviction by polling the members. If the membership can demonstrate widespread opposition to Council's policy, hopefully Council will acknowledge its error before a vote of "no confidence" results in politicians meddling directly in our professional affairs.

J. Donoghue Liverpool

About time!

I am *not* going to congratulate Wellcome on the introduction of Calpol sugar free. All I will say is "About time too. What took you so long?"

J.P. Maxey Waltham Cross, Herts



Vestric's Glasgow branch manager, Allan Steele (left), chats to Murray Liddle, a Vantage manager, during the annual Vestric trade show at the Bellahouston Hotel. Mr Liddle manages the Saltcoats pharmacy, one of five owned by his father, Henry, who is based in Troon and who won the show's draw star prize

Too late?

Thank you, Glaxo, for alerting pharmacists to the theft of some of your products from a Southern European warehouse earlier this year. We will be on our guard.

But why haven't you:
1. Told pharmacists which products are concerned?

2. Told pharmacists which batches may be concerned?

3. Published the theft in the country in question?
4. Published your warning in other

4. Published your warning in other Pl user countries?

5. Told pharmacists before a lapse of several months?

Even the most generous interpretation of the recent mailing to community pharmacists is that it is an insult.

One is drawn to the conclusion that a development in the PI market (ie entry of Vestric) has led to a letter which attempts to question surreptitiously the quality and reliability of PI sources. We feel it is a pity that Glaxo needed to act in this way.

Did we announce the fact that our own analysis of Italian Ventolin inhalers revealed the failure of a compared batch of UK Ventolin in a TLC test? No, of course not; the quality of UK Ventolin is a matter for Glaxo while we are interested in the quality of the PI version.

Of Vestric entering the PI field, one thing is certain; the business will be run professionally.

Marcel Hamilton Stephar (UK) Ltd

Editor. Glaxo's original letter to pharmacists did not name the products involved. In a statement this week the company says:

"Glaxo Pharmaceuticals Ltd wrote to all appointed pharmaceutical wholesalers and community pharmacists on October 26 to advise them that, as a result of a major robbery involving a range of Glaxo products, notably Ventolin inhaler and Zantac tablets 150mg, there was a possibility that these products could be offered to pharmacists through unorthodox distribution channels.

The company wishes to make clear that it notified the pharmacy profession and its suppliers at the earliest opportunity of the possibility that these stolen medicines could be offered for sale in Great Britain. Although Glaxo maintains the highest standards of production and quality assurance in all its manufacturing centres worldwide, the company cannot guarantee that products supplied outside its authorised channels of distribution will remain in their original state, as factors such as sub-standard storage conditions may have an adverse effect.

BUSINESS

Small firms release

The Department of Employment has issued a White Paper on deregulation called *Releasing* Enterprise to "relieve many burdens on small businesses.

Employment Minister John Cope says the Government plans to take deregulation forward by repealing the provisions contained in seven Acts of Parliament and numerous statutory instruments which regulate young people's hours of work, intervals for meals and rest, shiftwork and so on.

Other measures to promote small businesses include the launch of a new type of "one stop" business advice centres. Six experimental centres are being set up in Glasgow, Newcastle, Doncaster, Manchester, Merthyr Tydfil and Reading. They are a development of the existing Small Firms Service and will provide services such as helping to register for VAT and providing links with banks and accountants.

More growth?

Allen Lloyd, chairman of the UK's second biggest retail chemist, Lloyds, has told shareholders in his annual report there is room further profit growth.

He says: "Further organic

growth will be achieved from existing and recently acquired stores due our refurbishment programme, continuing own label development and increased central distribution" (C&D October 29, p768).

Mr Lloyd added that the current year has started well, particularly with the recent 107 store £29.3m acquisition of Allens.

OFT extends Unichem deadline

Unichem have been given a four week extension, beyond the normal eight-week period, to reach an accommodation with the Office of Fair Trading following its ruling that their share scheme was uncompetitive.

In a statement issued this week, Peter Dodd, managing director of Unichem, says; are still in discussion with the OFT and have been given a four week extension (before possible reference to the Monopolies and Mergers Commission) by Sir

Gordon Borrie, Director General of the OFT, following an approach to the Secretary of State.

'At this stage we cannot say how much, if any, of the extension we will require as we are awaiting reaction to a very recent letter sent to the OFT.

Bill Revell, director of AAH, says he is delighted that Unichem are likely to reach an agreement with the OFT as he feels the extension would not have been agreed by the Secretary without some significant progress.

ICN chase Schering

ICN Pharmaceuticals, the California-based manufacturer of ribavirin, is trying to buy a 25 per cent stock holding in the giant West German Schering Group.

Schering have responded by issuing a statement warning off the company. "Schering regards any sizable purchase of its stock as unwelcome," the company says, and adds that shareholders voting rights are limited, making it impossible for a shareholder to vote more than 4.2 per cent of the issued shares.

previously ICN

attempted to acquire large stockholdings in Europe. They held an 8.6 per cent share in Hoffmann-La Roche of Switzerland, according to the Financial Times, and threatened a takeover before selling at a profit. The newspaper believes the Californian company has some \$300m in surplus cash raised from bond investors and is seeking to acquire a major drug company

The report adds that ICN is currently under grand jury investigation for allegedly marketing ribavirin illegally.

SK&F close departments

Kline French Smith Laboratories are closing their toxicology and pathology departments, making 125 people redundant at their Herts sites.

Explaining the move, the company said: "We are phasing out our pre-clinical operation and focusing on drug development in

neural disorders, atherosclerosis and vascular disorders and gastrointestinal diseases.

A further 55 jobs are being transferred either to the US base in Pennsylvania, or to support the intensified drug research in the UK. The redundancies will take effect over the next eight months.

Irish link in Scotland

Cahill May Roberts Ltd, Ireland's pharmaceutical largest distributor, have agreed to acquire 100 per cent of the equity of the Glasgow-based Numark wholesaler, John Hamilton (Pharmaceuticals) Ltd.

Hamiltons, a private company, with a turnover of over £35m, will give the enlarged group a turnover of over £105m.

Cahill's managing director Paul Higgins says the acquisition suits our strategic plans in that it gives us entry into a new market and expands our operations in a sector in which we have a proven track record.'

Mr Douglas Low, Hamilton's managing director, has accepted a seat on the board of Cahili May Roberts. Cahill's was subject to a management buyout by its current managing director Paul Higgins earlier this year.

BRIEFS

Jiffi Ltd have moved to Lidgate House, Lidgate Crescent, Lanthwaite Grange Industrial Estate, South Kirkby, Pontefract WF9 3AP. Tel: 0977 49624.

Cilag Ltd have set up a division specifically to promote their range of female contraceptives. The Ortho Division aims to provide information and educational materials for healthcare teams helping women at all stages of their reproductive life.

Revised advice booklets on maternity rights and cancer screening are being issued by the Union of Shop, Distributive and Allied Workers. Non-members can obtain copies by writing to Ms B. Hillon, Women's Officer, USDAW, 188 Wilmslow Road, Manchester M14 6LJ, with an SAE for 26p.

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Kent and Stephar in tie up

Kent Pharmaceuticals and Stephar (UK) Ltd have announced a joint marketing agreement whereby each will supply the other's generics and parallel imports respectively.

While both will be remaining totally separate and independent companies, each will be offering a combined product range to clients. The agreement is simply a question of access to and marketing of each other's products while maintaining full product liability insurance and batch recall facilities, say the companies.

Stephar have been supplying parallel imports for 11 years, and have discerned a need for a range of generics, while Kent say they have identified a demand for PIs. Kent have formed a new division,



Marcel Hamilton, sales director, Stephar (UK) Ltd (left) and Andrew Gray, sales director, Kent Pharmaceuticals Ltd

Ethical Imports, to handle the PI section. All the products selected are said to be identical to their UK counterparts.

LIG purchase

London International Group plc have acquired the Kurlash and Diamon Deb business of New York-based New Windsor for an initial \$6.8m.

The manicure and related implements businesses will complement their subsidiary, Cook Bates, said an LIG spokesman.

The cash deal was made up of \$4.6m for the fixed assets and \$2.2m for stocks and debtors. Further payments are part of the package: \$1.1m to be paid over the next two years and 3 per cent of sales for the next five years. For the year to September 30 pretax profits were \$0.6m.

BRIEFS.

Upjohn have won federal approval to sell flurbiprofen in the US. It will be sold under exclusive licence from Boots, according to a report in *The Wall Street Journal*.

S.J. Berwin & Co. London solicitors, have published *The 1988 Businessman's Guide to EEC Legal Developments (£5.00).* It explains the 1992 proposals and possible legal consequences. Contact: 01 278 0444.

IN THE CITY

Health and household stocks have picked up thanks to the market's appreciation of overseas earners and a renewed confidence in the sector leader, Glaxo.

However, the current round of results may serve to highlight takeover speculation in the sector as much as cement investor confidence.

Amersham shares immediately reacted to an 8 per cent profits setback with an 18p fall to 549p, as the market was caught unawares. The takeover fever which surrounds Amersham due to perceived wisdom that the Government's renouncement of its Golden Share would allow a bid has overshadowed the company's performance. It tends to be steady, if unexiciting, and so few in the market were prepared for the lower pre-tax profits of \$10.8m (\$11.7m) which Amersham put down to the effects of a strong pound.

Growing uncertainty about the long term position of Retrovir as the only fully approved treatment for AIDS has led to a decline in Wellcome's share price. Not only do Retrovir's US sales appear to be growing slower than expected, but other products are now starting to emerge from clinical trials, such as Imuthiol from the Institut Merieux. On a more distant horizon, Glaxo's recent announcement that it has been granted a worldwide exclusive licence by the University of Minnesota for an anti-HIV nucleoside may have dented long term confidence in Retrovir.

Meanwhile with Beecham producing its results later this month, brokers Merrill Lynch issued a warning that the group may find itself at the receiving end of a bid unless it can sensibly convince investors that it can offer growth in excess of the UK market's rate. Although it estimates \$200m (\$183.2m) interim trading profits, Merrill expect almost half the increase to come from non-operating elements.

Results too are due this month from London International Group. With a downturn forecast, shares will be volatile.

COMING EVENTS

Unichem in Paradise

The venue for the 1989 Unichem Convention will be Paradise Island, Bahamas.

The convention will take place from October 1-8, in the Britannia Towers Hotel and water sports, tennis courts, health clubs and a golf course are all easily accessible. Paradise Island is connected by bridge to the capital Nassau.

Following the convention a range of optional extensions includes a week in Orlando and New Orleans, an eight-day New England tour or a six-day Caribbean cruise. The convention costs £935 per person. Further details from Solar Touriste. (Tel: 01 391 2525).

Monday, November 14

North Metropolitan Branch, RPSGB. The School of Pharmacy, Brunswick Square, WC1, at 8pm. ''Elastic hjosiery'' speaker, Mr Gent of Scholl UK.
Stockport Branch, RPSGB.
Postgraduate Medical Centre,
Stepping Hill Hospital at 8pm.
"Meningitis" by Dr M. Painter. A
light buffet will be provided.

Tuesday, November 15

Edinburgh Branch, RPSGB. Joint meeting with Heriot-Watt Pharmacy Students Association. 36 York Place at 7.45pm. "History of pharmaceutical education in Edinburgh", speaker Mr A.W. Patterson.

Leicestershire Branch, RPSGB. The Lecture Theatre, Postgraduate Medical Centre, Leicester Royal Infirmary at 8pm. "Hypertension," speaker, Dr Tony Heagarty.

Wednesday, November 16

Mansfield Branch, RPSGB. Postgraduate Medical Centre, Mansfield & General District Hospital. Buffet at 7.30pm followed by "Allergies & respiratory problems" speaker, Dr D.J. Shale.

Scottish Borders Branch, RPSGB. The Education Centre, Borders General Hospital at 7.30pm. "Contact lenses & contact lens care," by Helen Jennings, Alcon Labs Ltd. Wirral Branch, RPSGB. Postgraduate Medical Centre, Clatterbridge Hospital, at 8pm. "Hormone replacement therapy" by John McGlone, sponsor Ciba-Geigy.

Thursday, November 17
Bedfordshire Branch, RPSGB.
Coach & Horses, Barton le Clay at 8pm. "The case for generics" by Mr
Colin Evans, APS Ltd.

Eastbourne Branch, RPSGB. The Chatsworth Hotel, Grand Parade, Eastbourne, at 7.45pm. Working dinner to be followed by "Question time with Mr Ashwin Tanna" (member of Council). Tickets £8.00 available from the secretary.

Lancaster Branch, RPSGB. The Conservative Club, at 7.45pm. "Financial aspects of the Drug Tariff" with Gordon Geddes of the PSNC.

Weald of Kent Branch, RPSGB. Postgraduate Centre, Kent & Sussex Hospital, Tunbridge Wells at 7.45pm, "Developments in wound dressings" by Mr Andrew Jackson, general manager, Smith & Nephew Medical Ltd.

Advance information

The Hope Winch Memorial Lecture will be held at Sunderland Polytechnic on November 16. Entitled "Industrial-academic co-operation — a case study", the lecture will be delivered by Professor J.M. Newton. Tickets available from Mrs J. Duncan, Faculty of Science, Sunderland Polytechnic, Sunderland SR2 7EE.

Tel: 091 567 6231.

British Association of Pharmaceutical Physicians Symposium on "Drugs, animals and humans" organised jointly with the Association of Veterinarians in Industry, at the Royal Society of Medicine on December 1. Registration fee is \$40 for members; \$45 for nonmembers. Further information from Elizabeth Richardson, 1 Wimpole Street, London W1M 8AE.

British Association of Pharmaceutical Physicians has a symposium organised by the Medico-Pharmaceutical Forum. It will be held at the British Academy of Film and Television Arts on December 7. Registration is \$40. Further information from Elizabeth Richardson, 1 Wimpole Street, London W1M 8AE. Tel: 014918610.

The Plastics and Rubber Institute Conference "An update on plastics for pharmaceutical packaging and devices" on December 7, at Fisons Pharmaceutical Division, Loughborough. Registration is £100 for PRI members and £125 for non members. Further information from: Conference Office, Plastics and Rubber Institute, 11 Hobart Place, London SW1W OHL. Tel: 01 245 9555.

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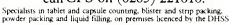
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ABOUT PEOPLE

Clitherow's fellowship

Dr John W. Clitherow has been designated a fellow of the Royal Pharmaceutical Society for his outstanding original contribution to the advancement of pharmaceutical knowledge.

Dr Clitherow is research leader (chemical research) at Glaxo Research (Ware). His work at Chelsea College during the 1960s increased knowledge of muscarinic receptors and his work on histamine H₂ antagonists led to the discovery of ranitidine.

Carroll new YPG chair

Stockton-on-Tees Boots pharmacist Robert Carroll is the new chairman of the Young Pharmacists Group. Secretary of the Group this year, he was elected at the YPG's annual

meeting at the Society's headquarters on Sunday.

Birmingham locum Mark Koziol was re-elected vicechairman, while Jane Rogers becomes secretary. Mike Williams, previously membership secretary, is the new treasurer.

New man at Ag and Vet

Douglas W.M. Davidson, of Blairgowrie, Perthshire, has been elected chairman of the Agricultural and Veterinary Pharmacists Group, in succession to Charles C.B. Stevens.

Hugh Tasker has been coopted to the group committee for one year.

Linnean gift A gift of an engraving of Sir Joseph Banks was presented during this month's RPSGB Council meeting to the president of the Linnean Society, Professor M.F. Claridge to mark the 200th anniversary of that society and the long-standing links between the two societies.



Unichem's Willesden branch manager, John Evans (centre) presents Stewart Smith, owner of Falconer Pharmacy, St Albans, with a glass decanter to market his retirement and 15 years as a customer of Unichem. Graham Phillips (left), who already owns the Kime and Smith Pharmacy, will be taking over the Falconer Pharmacy



A Vestric team present a cheque for £1,000 to Mr Frank Tuzio, chairman of the Alder Hey intensive care unit appeal, in Liverpool. The cash was raised by the staff of Vestric's Speke branch by taking part in fancy dress walks around local shopping centres and regular draw competitions. One team member, Paul White, took part in the Mersey Marathon to help with the fund which was masterminded by van driver Bob Gallagher who presents the cheques

APPOINTMENTS

Cow & Gate Ltd Peter Roebuck has been appointed managing director. His appointment follows the promotion of Bernard Pendle, to the position of managing director of Nutricia, Cow & Gate's parent company. Peter Roebuck, who is 45, joins Cow & Gate from Abinger Hall Foods, a division of GKN Industrial Services, where he was chief executive. Prior to that he held a number of senior management appointments within Unilever, including general manager, trading — Birds Eye Walls and managing director of County Fair Foods Ltd.

The College of Pharmacy Practice has appointed Steve Hudson a member of the Research and Development Committee.

Konica ÜK have appointed Mark Evely field sales manager — professional accounts.

Leicester head Professor Newcombe has been appointed head of the school of health and life sciences at Leicester Polytechnic. The school of pharmacy is to become the department of pharmacy in the new, larger school.

Wilkinson Sword: Simon Everett has been appointed trade marketing manager for the UK shaving division. He was formerly senior product manager.
Wessex Pharmaceutical Group: Peter

Wessex Pharmaceutical Group: Peter Wakeford, managing director of Janssen Pharmaceuticals has been appointed chairman of the Wessex Group.

Fabergé have appointed Trevor Walker as managing director of Fabergé UK. Mr Walker has been with the company since 1984 in the capacity of sales and marketing director.

Cussons(UK) Ltd have appointed Keith Herbert as managing director. He had previously held a number of positions within the company and most recently had been deputy managing director of Cussons (International).

ICL Ltd announce the appointment of Michael Pedler as a retail management consultant for the Retail Business Unit.

Revion International have recently appointed Roger Meadows as international marketing director for Europe and the Middle East.

Labs for Applied Biology have appointed: William J Knox & Son, Unit 4, Walls Industrial Estate, 541 Saintfield Road, Carryduff, Belfast, as their Northern Ireland agents.

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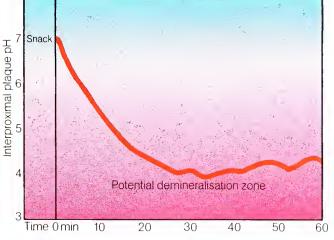
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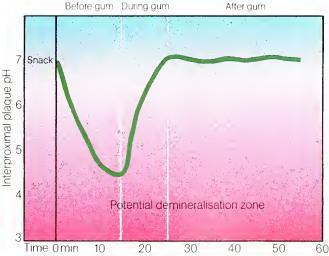
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